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*John Robertson.*

*From an original picture by Tasson*



ON THE  
**GENERATIVE SYSTEM;**

BEING AN  
ANATOMICAL AND PHYSIOLOGICAL SKETCH  
OF THE  
PARTS OF GENERATION,

AND A TREATISE ON

**THEIR DISEASES,**

VIZ. GONORRŒA, GLEET, LUES VENEREA, STRICTURES, AND OTHER  
MORBID AFFECTIONS OF THE BLADDER, URETHRA, SEMINAL  
VESSELS, &c.

AS WELL AS OF THE MORE IMPORTANT

**COMPLAINTS OF THE FEMALE,**

VIZ. LEUCORRHŒA, IRREGULARITY IN MENSTRUATION, &c.

TO WHICH ARE APPENDED,

A CRITICAL EXAMINATION OF SIR E. HOME'S WORKS ON STRICTURE;  
A PRACTICAL ESSAY ON SCROFULOUS, AND OTHER ULCERS, ERUPTIONS,  
&c.; AND AN ENQUIRY INTO THE NATURE, PROPERTIES, AND USES  
OF THE LYTTÆ, &c.

---

BY JOHN ROBERTON.

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FOURTH EDITION.

WITH THIRTEEN ENGRAVINGS.

TO WHICH ARE PREFIXED,

**LETTERS,**

BY MATTHEW BAILLIE, M. D.

*Physician to His Majesty.*

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LONDON:

Printed for J. J. STOCKDALE, 41, Pall-Mall.

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1817.



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## AUTHOR'S ADVERTISEMENT

TO THE

### THIRD EDITION.

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*The extremely favourable reception which the previous comparatively imperfect editions of this work experienced, has induced the Author to give the present a thorough revision ; and, from the numerous corrections and additions he has judged it necessary to make, it may be deemed a new work, rather than a new edition.*

**London, 1st March, 1816.**

**7, Cleveland Court,  
St. James's Place, St. James's.**



## ERRATA.

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*The reader is requested to correct the following errata, which, with perhaps some few other trifling errors, have, in the hurry of professional duty, been overlooked.*

Page	Line
68	11, <i>for alone read along.</i>
98	24, <i>for Chap. IV. read Chap. VI.</i>
99	28, <i>for alway read always.</i>
105	13, <i>for enlargements read enlargement.</i>
107	22, <i>insert Chap. V.</i>
165	14, <i>for injunction read inunction.</i>
193	6, <i>for de read he.</i>
194	6, <i>for gage read page.</i>
231	17, <i>for their read that.</i>
257	3, <i>insert are after generation.</i>
238	29, <i>for preventative read preventive.</i>
392	21, <i>for much read such.</i>
413	3, <i>insert it before should.</i>
421	11, <i>for health read healthy.</i>

## CORRESPONDENCE

WITH

D R. B A I L L I E,

&c. &c.

---

“ Thus we are best of all led to  
“ Men’s principles by what they do.”

HUDIBRAS.

---

IT is always a painful task, too painful to be rashly undertaken, to make public a private correspondence. Where, however, my professional and moral character, my interests, and my feelings are made the wanton sport of those who think themselves too firmly seated ever to be shaken, I am bound to wave all minor delicacies. Let those who are equally confident in their integrity, meet all and disclose all with similar promptitude. The following pages are in explanation of my own conduct; and explanation is always the surest defence, or the most certain condemnation. Those who would shrink from investigation, by pretences



of decorum and etiquette, are welcome to the inference which the world will naturally draw.

It is now well known that I had composed a medical work, which early and instructed habits of respect made me wish to dedicate to Dr. Baillie. Accordingly I wrote him the following letter :

SIR,

It will give me pleasure to have the honor of dedicating to you my publication, now in the press. The subject is the anatomy, physiology, pathology and treatment of diseases of the generative system. I have sent you a few sheets, of what has been printed, that you may judge of its general tendency.

I have the honor to be,

Your obedient humble servant,

JOHN ROBERTON.

*Edinburgh,*

*May, 1810.*

This letter, as I had no right to ask a vague or unlimited permission, pretty explicitly explained the objects of my work, which Dr. Baillie, of course, either knew, or ought to have known, would require a very explicit and unqualified discussion of subjects of the greatest delicacy. He knew also that such a discussion must necessarily impugn the doctrines of his relative and colleague, Sir Everard Home. Thus far, he anticipated rightly : but his answer will show that he also

anticipated something not quite so reasonable, that I should sacrifice my opinions and my principles, the cause of science, of truth and of humanity, to the honor of dedicating my work to him. His answer shall speak for itself.\*

*To Dr. Robertson.*

SIR,

I cannot avoid being gratified by the honor which you propose to confer upon me, in dedicating to me your valuable publication. I need hardly remind you that Mr. Home (now Sir Everard) is a relative of mine by marriage, and therefore I hope that no severity of expression will accompany any observations which you may chuse to make concerning his opinions.

I remain, Sir, your most  
obedient humble Servant,

May 18, 1810,

M. BAILLIE.

*London.*

“No severity of expression!” I,—as a professional man, was to publish, and Dr. Baillie, as another professional man, was to sanction a work passing lightly and tenderly over the most dangerous errors! and, according to his creed, what my senior did not hesitate to sanction, his junior must not hesitate to publish! Dr. Baillie might thus wrap himself up in that secure professional repu-

\* Dr. Baillie's original letters are in my possession, which I shall show to any gentleman who may wish to see them.

tation, which had been bequeathed to him, while I who had a professional reputation to acquire, must at his nod, hazard all my fame and all my prospects ! truly this was the alliance of the giant and the dwarf, wherein the *great* doctor was to have all the advantage, and the *little* one all the injury !

“ No severity of expression ! ” — Who was to judge of the severity ? Dr. Baillie who *had* an interest, might prefer compliance to truth : I, who had *no* interest, might and did prefer truth to compliance ! neither solicitation, interest, nor power should or could have swayed me, unless that which I have always felt, and which Dr. Baillie ought equally to have felt, the interest of science and of humanity.

Still, however, Dr. Baillie was as much entitled to fix the terms of his permission, as I was entitled to reject them. It might fairly be a matter of *stipulation* ; and if relationship to Dr. Baillie could consecrate error and make wrong right, or if he preferred the concealment of Sir E. Home’s errors to the development of truth, I had no right to dispute his choice, either as a matter of taste or of conscience — *Nor did I*. As I declined the purchase, I did not solicit the bribe ! Dr. Baillie with all his power, and all his patronage, could not bid high enough for such a compromise, as my surrendering truth to Sir E. Home. This was my reply :



*To Dr. Baillie.*

SIR,

As *severity of expression*, respecting the opinions of any one, is but a relative term, I feel myself a little at a loss precisely to know what you imply by that term in the letter with which you have honored me.

With regard to Mr. Home, or any other person, I assure you, Sir, that no expression shall be used but such as I do believe will admit of the most minute scrutiny. But yet no name whatever shall prevent my asserting what I judge right; and surely neither Mr. Home nor any other man, of true philanthropy, will object to the improvement of the healing art, however much it may tend to expose his errors.

Still, as my critical remarks, throughout the work, will be equally severe, and equally complimentary, wherever causes appear for this, in the works of any author whose name I may mention, I will thank you to let me know if, thus influenced, you object to my dedicating the book to you.

When I first proposed to dedicate this book to you, it did not occur to me that Sir Everard Home, whose opinions are freely discussed in the course of it, is your relative. But, when you permitted me to address it to you, you evinced your conviction, that, in such discussions, personal or private motives have not influenced my

conduct. It is not, indeed, the personal or private, but the published opinions alone, of authors, that I have examined. I know also that I am, in common with others, liable to similar treatment, and I am sure I shall feel no other emotion, in having my own errors pointed out, than that which will lead me to the correction of them on the first opportunity.

From Sir Everard's doctrines, being so closely allied to the subject of the present publication, an examination of his opinions was absolutely necessary to my plan. But I do assure you, that, although I have spoken of them perhaps with some severity, I feel the highest respect for the industry and scientific researches of that gentleman. His labours in Comparative Anatomy will at all times deservedly place him high in public estimation.

In dedicating this work to you, I cannot help remarking, that I am perhaps influenced by other sensations, and actuated by different feelings, from those usually felt on similar occasions. In the earlier periods of my life, I listened with the most lively interest to the tales of my native village, respecting the toils and difficulties, in the midst of which, and consequently in unnoticed obscurity, those celebrated men, Dr. William Hunter, Mr. John Hunter, and Dr. Cullen, struggled to arrive at that



celebrity which at last they attained; and I contemplated with delight their well-earned fame. Such reflections, even now, make me proud of having been brought up in the place which gave birth to such distinguished characters.

Permit me to add, that the gratifying reflection of your also being a native of that place, on which, from your justly acquired fame, you have been enabled, annually, to confer so many marks of your benevolence, gives me greater pleasure than I shall here attempt to describe.

Reflecting on you all, as models for the imitation of those who follow you in the same honorable career, I subscribe myself, with the greatest respect and esteem.

Dear Sir,

Your most obedient,

And very humble servant,

JOHN ROBERTON.

*Edinburgh,*

*June 1810.*

Still, however, Dr. Baillie wished the dedication, and still he wished me to decline an examination of Sir Everard's opinions. Calculating the exposure of this dear kinsman by his doctrines, rather than by my temper, he wrote me another letter, earnestly requesting my forbearance. He will rejoice to hear, that I have unluckily mislaid this letter, but I pledge my honor and every thing dear to

man, that it had this purport, and so soon as I am fortunate enough to lay my hands on it, (for I am sure it is somewhere among my papers) it shall be laid before the public. Perhaps Dr. Baillie has a copy—and, if he has, perhaps he will not wish to show it. Here, however, follows my reply, which, in its very outset, plainly appears to have been written in answer to some letter of Dr. Baillie's which had not been answered before.

*To Dr. Baillie.*

SIR,

*June 1810.*

Perhaps, strictly speaking, any reply from me, after your last very polite and much esteemed letter, may be unnecessary; but, as I wish no misunderstanding to exist, respecting the principles upon which I proceed, in my criticisms on any work, I am induced again to trouble you.

I may mention that it has been, and I hope ever shall be, an invariable rule with me, entirely to separate the subject to be examined from *every other circumstance connected with its author*, unless such as are in some measure immediately involved by it. Personal and private affairs, of course, never came under this head.

With regard also to the degree of severity of expression employed in such tasks, I always conceive that it should be entirely regulated, first by the acknowledged eminence of the author, whose works are under examination, and next by the importance of the subject itself. For if the au-



thor has acquired a name in the world the public are partial to all he either does or says, while, in common with other less celebrated men, he is certainly apt to form erroneous opinions. That is my reason for being of opinion that the works of such men ought to be most carefully scrutinized.

When the subject too is not one of little importance, but one which interests the comforts if not even the lives of millions, it not only ought not for a moment to remain unexamined, in every point, but it also ought to be praised or exposed in language suited as nearly as possible to its importance. Thus subjects of such great public importance as those which I have attempted to examine, have been treated in language which seemed to *me* proportioned to that importance, as well as to the celebrity of the author himself.

But to lay these general matters aside, I may conclude by remarking that I always have acted, in my literary pursuits, with candour, and I trust with proper moderation. Although I am conscious that I may sometimes be severe it has alone been upon the principle I have stated above; and even, pure as that is in my own opinion, I have never engaged in such tasks without much uneasiness, and have never finished them without regret proportioned to the severity I had been compelled to use.

You probably may have some recollection of the retired situation in life, which my relations

chose, and consequently the little I had to expect from their exertions in putting me forward in the line of my profession. My sole dependence, therefore, rested on my own industry and unwearied attention to the cultivation of that profession, to which alone I had to depend for my future comforts in life. I soon was induced to pay some attention to points not much, indeed, in my opinion, not at all understood previous to my investigations. These, at length, naturally led me to a more extensive consideration of diseases of the generative system, and consequently to the works of those authors who were celebrated in that line. Mr. Home's, among others came in my way, and from the many imperfections which they seemed *to me* to contain, and from Mr. Home's celebrity, I deemed them a fair subject for critical examination. You are related to Mr. Home and I assure you, so far from my wishing to take any unfair advantage of his works, there are few men with whom I should wish to be on better terms than with him. I myself profess to be a liberal minded being, always ready to retract an error, when pointed out to me, without thinking the worse of my adviser, or blaming him for his having seen the right side of the question, when I myself only saw the wrong. I really wish the same sort of spirit were more universally diffused, and not, as is too commonly the case, in pointing out an error in any man's *public character*, have it supposed that you



allude to his *every private and most sacred transaction*.

If, however, you do not approve of these principles I must forego the pleasure of publicly addressing you at present, and chuse another opportunity, which I hope shall be soon.

I have the honor to be,

Your most obedient humble servant,

JOHN ROBERTON.

Perhaps it was writing on the sands, to attempt any impression on my worthy correspondent, but the concluding paragraph destroyed his double hopes, of obtaining the dedication, and saving his kinsman. Natural vanity and natural affection had a sharp conflict. Vanity, however, got the better; and by the following letter Dr. Baillie accepted the dedication *at discretion*; and that too couched in language of increasing respect.

*To Dr. Robertson.*

DEAR SIR,

I thank you for your last obliging letter. I accept most willingly the honor which you intend me, and I am sure that your observations upon other authors will be made in the spirit of candor and liberality.—I wish you all success in your profession.

And remain, Dear Sir,

Your most obedient humble servant,

June 16, 1810,

M. BAILLIE.

London.

His recollection of this letter being now refreshed, Dr. Baillie has free licence to chuse between its unconditional acceptance of the dedication, and the indispensable conditions of his letter in the Medical Journal and in Bell's Messenger. If his conscience be of that neutralized sort, which can permit him to publish, at two different times, two diametrically opposite assertions, and wish to pawn each on the world as equally true, I may be very careless of the authority of his censure. Nay I am not quite sure that the foul word of Dr. Baillie will not be the fairest dealing he can show me. An honest man can always defend himself against slander: the praise of some men is not always so easily parried.

My volume was published, and my redoubtable patron was gratified with his dedication, until he perused the book—he then began to mistake severity of *fact* for “severity of *expression*,” and instead of directing his rancour at Sir Everard's erroneous opinions he chose to fling his venomd shafts at *me*. By this time he had sorely repented himself of the dedication, because he now found that the indulgence of his pride had scarcely compensated for its annoyance. What! a book dedicated to Dr. Baillie! exposing the erroneous doctrines of Sir Everard Home! and with his permission! nay even at his request!—There was no enduring it!—All the vengeance of the party was accordingly to be discharged upon the luckless author, who



having vended these accumulated abominations, must and SHALL be extinguished!

Alas! had I followed the hue and cry of the day; had I taken to *practicing physic as a trade* without troubling myself about *curing diseases*; had I joined the mercenary coalition and enlisted under the banners of their leader, instead of investigating and advancing my profession, I should not at this day have been the object of Dr. Baillie's animosity, nor held forth, as the lawyers say, "to the example of all others offending against his crown and dignity."

There are physicians, grave and ancient men, who keep their retainers on foot, to cry down every thing like critical investigation, scientific improvement, or simplicity and utility of practice. They can no more retrace their studies than they can recal their youth, and a competitor younger, more active, more industrious, or more penetrating throws them into all the rage of impotent terror. —Ignorance hath no appetite for knowledge:—its highest exertion is to suppress talent.

When my book was printed, I came to reside in London. The artillery was now drawn up against me, and the master gunner was ready with his match. I was simple enough to be vexed at this display of Dr. Baillie's hostility, having all my life devoted myself to the *science* of my profession, and left its *arts* to the Doctor and his

party. I have since been sufficiently taught, that an old Doctor can be very civil and very sly, that he can openly wish a man success, and, at the same moment, whisper him to the devil. Perhaps, however, while I remained in Edinburgh Dr. Baillie would have wished me well enough, because I was at a distance—perhaps it was only my journey southward that displeased him, being then too likely to interfere upon his more manageable friends. For sometime he felt I had spurned at his attempt to be his professional coadjutor and sycophant, and now he began to fear that I was not formed to be his professional dependent.

But how was I to be whipped out of London by these whippers-in? Dr. Baillie began the experiment by the following letter.

*From Dr. Baillie.*

SIR,

I have learnt lately, *from good authority*, that you propose to publish either a part or one of my letters to you. This information surprised me very much, because it is most unusual for such a thing to be done, without the consent of the writer of the letter being first asked and obtained. I cannot however give my consent to this measure, because in my opinion there would be a great impropriety in it. I request therefore that you will not publish any letter or part of a letter from me to you, or if it be already printed, that you will be



so good as direct that part of your publication to be cancelled.

I remain, Sir,

Your most obedient humble servant,

*Windsor,*

M. BAILLIE.

14 October, 1810.

I suspected something was on foot against me, nor indeed could I have readily been in ignorance of it; but I restrained myself sufficiently to make the following civil and forbearing reply.

*Answer to Dr. Baillie.*

SIR,

Your letter of the 14th reached me within these few minutes and then only by accident. Be assured, Sir, I value too highly the honor of your correspondence and the candour and liberality of your communications, to take the very ungentlemanly liberty of which, by some strange misconception, I have been accused.

I have many apologies to make, for not having, till now, sent you a copy of my work, which though yet unpublished, has been laying ready for you nearly four months. The delay arose from the embarrassments of Sir Richard Phillips, the intended publisher, which led me to believe that a new title page would be necessary; and it was my wish not to send you an imperfect copy.

Perhaps your friend may be able to direct your attention to the passage alluded to in

your letter, which, I think, he has misunderstood.

May I beg the favor of you not unnecessarily to expose the work till it can be known when and how it may be published.

I have the honor to be, Sir,

Your most obedient humble servant,

JOHN ROBERTON.

To which the Doctor rejoined.

*From Dr. Baillie.*

SIR,

I return you many thanks for the present of your work which you were so good as to send me some time ago, but which I only received here yesterday. I shall take an early opportunity of reading it, and shall be careful not to put it into the hands of any other person, till it is fairly published.

I remain, Sir,

Your most obedient humble servant,

*Windsor Castle,*

M. BAILLIE.

*November 10th, 1810.*

So then—in 1810 he was to take an early opportunity of reading the book, which in 1816 he declared he had never read, even in the same breath while criticizing its contents!—And where, I should like to know, was the “good authority,” upon which he experimented against me an unfounded charge? I was not to be bribed into be-

coming one of his understrappers—I was not to be bullied into suppressing the exposure of inveterate or family errors; and Dr. Baillie was as unpersuadable, not to acknowledge a wrong, as I was determined not to surrender a right. But thus it always is! whiffling and intemperate anger baulks itself by its own confidence; challenging the combat which it cannot maintain, and provoking the retort which it cannot oppose! I however, felt that, like an awkward bear, I had overturned the hive, and my ears, of course, would be buzzed and stung; but, when I have brushed away the drones, Dr. Baillie will forgive that confusion of genders, which takes a learned physician for an old woman, if I assure him how small my apprehension is of the *queen bee*.

It was soon found that this great Doctor and his small coadjutors had no chance against me in *open warfare*—my principles and my positions were impregnable. After 2000 copies of my work had been circulated they thought it the safest game to discredit me among my patients, the female ones especially: and this appeared still safer, as about two years ago, a strange fabrication (which, to their great grief I have assured them to be untrue) of my death, found its way into the public papers. They now most heroically stepped forward to attack me, for having done what they dared not attempt, and could not if they dared—for having in independent language and upon independent and



scientific principles, instructed my profession how to cure diseases.

Well—in 1816, after my professional principles were too firmly established to be shaken by all the weight of his antiquity, forth stands this mighty Bashaw—at full length, in the Weekly Messenger, and this was his worship's appearance :

GENTLEMEN,

A dedication to me being prefixed to Dr. Robertson's book, I feel it to be necessary, in justice to myself, to give the following public explanation of the circumstances.

About six years ago, Dr. Robertson wrote me from Scotland, requesting that I would permit him to dedicate a book to me which he was about to publish. In this book he was to examine some opinions of Sir Everard Home. I consented to accept of the dedication, provided these opinions were examined with liberality, more especially as Dr. Robertson was a native of that parish in which my father had been long established as the clergyman, and where I had spent most of my infant years. When this book was published, I looked into various parts of it, without reading it regularly, and I do not recollect to have seen in it indecency of language. A few days ago, a friend of mine shewed me the third edition of Dr. Robertson's book, in which were a good many passages of the most indecent nature. This struck me with astonishment and indignation. I shall



not express what I think of Dr. Robertson's conduct in prefixing my name to an obscene book, without my knowledge; but, from the obscenity itself, *he has forfeited his rank and character in society*. I am anxious, however, to preserve mine, and therefore think it necessary to communicate, through your journal, that I did not know there was either a second or third edition of this book, till my friend shewed me the third edition; and that *I even thought Dr. Robertson had been dead for the last two years*. I have now mentioned every thing which I know of this most disagreeable business, and I trust that, from the tenour of my public life, I shall not be readily suspected of encouraging so gross a violation of morality and decorum.

I remain, Gentlemen,

Your obedient Servant,

M. BAILLIE.

Grosvenor-square,

May 14, 1816.

On the falsity (for, after his former letter, &c. it is too glaring to be termed an absurdity) that he had never read the book, which he thus presumed to censure, I shall make no comment. Nay, I shall indulge this delicate doctor with a free choice for the date of his *lie*, in 1810, when he promised to read my work, or, in 1816, when he said he did not read it. When he shall have made his election, I shall know how to meet

the falsehood, and to correct it. Delicacy is a fine thing, to be sure, so fine in the opinion of some rather eminent persons, that veracity may now and then be sacrificed to its observance.

By this time the reader will see that my work was so heretical, and the sanction of Dr. Baillie's name was so important, that the whole world, professional and unprofessional, must hear his abjuration. Assuredly, this same vanity is a very troublesome passion! It excited Dr. Baillie to dictate the tenour of my book, and then to retract the dictation; to prescribe the conditions of his acceptance, and then to offer it unconditionally; to disclaim what I had solicited, and then to solicit what I had disclaimed. Not but that a little rancour was mingled therewith. In his family zeal for Sir E. Home, whose doctrines he neither dared nor could vindicate, he caught at any pretence for revenging the family quarrel. There again was poor discretion outrun! Without investigating the foundation of my doctrines, they were assailed for their novelty; and without disproving the necessity of their language, they were censured for their immorality. Writing professionally, upon a professional subject, I was to be interdicted from the very nomenclature of my profession. Really, until Dr. Baillie's new delicate dictionary comes forth, all inquiry, all discussion, must be suspended.

It is, however, affecting more ignorance than



he actually possesses, to censure the language of my book. Even the commonest Encyclopædia, and similar works, which, by the bye, are designed for the school-room and the parlour-window, rather than for the professional library, might have satisfied Dr. Baillie that the work, of which he had begged the dedication, had indulged in no gratuitous indecorum. Nay, Sir Everard Home, whose publications prove that he *must* have dipped into other men's writings, might, in some of their family consultations, have convinced Dr. Baillie of this awkward fact. But it was a fine thing to crush investigation, and a finer still to crush a junior rival. Besides, Dr. Baillie had an opportunity of appearing in print, and of making the world believe he was a very decorous physician. Alas! Dr. Baillie must acquire a little more wisdom before he can give to error the grace of truth, or fasten on truth the blemish of error.

I was not slow in reply to Dr. Baillie—thereby satisfying him that I was not only alive two years ago, but, to his sorrow, alive when he ventured to print against me. The following was my reply. *This appeared in the Medical and Physical Journal on the 1st June, and in Bell's Messenger on the 16th, 1816.*

*To Dr. Baillie.*

SIR,

I must trouble you with this address, in



consequence of those remarks on my book which you have been induced to insert in the *Medical and Physical Journal*, and in Bell's Weekly Messenger of the 16th instant; and I am the more disposed to notice this manœuvre, as I strongly suspect that you have been made accessory to it, precisely at the moment when I was proceeding to punish a libeller, for those charges which he or his friends have prevailed on you, Sir, now to reiterate against me.

That amidst the hurry of your professional duties, this interested individual has artfully worked upon your credulity, to my disadvantage, and, by the exhibition of garbled extracts from my book, has prevailed on you to adopt the line of conduct you have now pursued, will not admit of a doubt. From the most cursory examination, if made with your own eyes, you would at once have seen that, in the work you so abuse, I have employed no NEW anatomical, physiological, or pathological expression, but have strictly confined myself to such terms as have been universally employed by every medical writer, from the days of Hippocrates to the present hour.

The memory, in common with our other mental faculties, is extremely apt to become blunted, and it is not impossible that yours, Sir, may have become impaired in its vigour. It is thus you may have forgotten the minute and invaluable descriptions, given in the celebrated works of

earlier writers, even of those parts and their operations to which you object.

Were I assured that it would not hurt your peculiarly delicate feelings, for, in that respect, your's seem to have arrived at the very utmost limits of morbid irritability, I could point out to you, in the works of poets, philosophers, and medical writers of the first eminence, and even in the sacred writings, passages which go far beyond mine in what you term obscenity. In the works of highly respectable medical writers, I can also point out to you all my anatomical and physiological descriptions, almost word for word, for I assure you it never was either my wish or my intention to make the profession believe I had, in these, invented any thing. Now that you have stepped forward as the guardian of professional purity, it is indispensable that you should be acquainted with existing professional facts, and with these I can furnish you whenever you command me. I need only bring to your recollection, among a host of others, the celebrated names of Morgagni, to whose works you are indebted for so great a part of your book on *Morbid Anatomy*, as well as those of Sommering, Sabatier, Bichat; and, though last, not least, Dr. Baillie himself! You must also be aware, that, in no course of anatomical, physiological, or obstetrical lectures, can any of the expressions I have used be possibly omitted. This every one knows, for these works



are in the hands of the public, and may be examined, and the lectures are every where open for the seekers of such information. You must also be well aware that I have introduced neither name nor operation, to which analogous ones are not to be found in Linnæus's arrangement of botanical plants, so often the study of the most chastely virtuous of the female sex.

From the specimen with which you have favoured the profession in the *Medical and Physical Journal*, and in the *Messenger*, I have no doubt, had you been as much Dr. Hunter's superior as you seem to consider yourself mine, the profession would never have been benefitted by the invaluable advantages which the obstetrical art has derived from the work of that illustrious author on the gravid uterus.

For similar reasons the world would have been deprived of the lucubrations of Sir Everard Home, on stricture in the urethra, rectum, &c. because many of his descriptions are the very quintessence of what you would term obscenity. And if you look into Mr. Abernethy's *Essay on Digestion*, &c. you will find abundant exercise for your supererogatory delicacy.

But it were endless to point out the many professional works, whose authors have administered to your irritable niceness with obscenities at least equal to mine; yet, if the diffusion of science be the object, equally indispensable.



We shall suppose the possibility of your existence, at the various periods, during which the healthy and morbid structure of certain parts of the human body were investigated and described by plates, demonstrations, &c.; most certainly had you been the presiding judge over such meritorious exertions, the medical world must have been left in the grossest ignorance, and have sacrificed, to your delicacy, its most useful acquirements. But, thank God! we have almost always had men of liberal and enlightened minds to superintend and direct these useful pursuits. When Hippocrates was entreated by the mob (who seem to have had about as delicate an abomination to the extension of knowledge as Dr. Baillie) to cure Democritus of madness, he found him in the *obscene* occupation of dissecting, to discover the seat of the bile, and he most *indelicately* left him to the pursuit of such useful *obscenity*, and pronounced him the wisest man in Abdera!—I, Sir, do not pretend to be a Democritus, would I could pronounce Dr. Baillie an Hippocrates!

Whatever is new in my work is the correction of errors of former authors, such as those of Sir Everard Home, Abernethy, and other great names; the introduction of new and important medicines into practice, and the successful treatment of several most distressing diseases, which our profession had hitherto deemed incurable. It is an incontrovertible truth, that those of our

profession who follow the beaten track are allowed to glide smoothly and uninterruptedly along —no one opposes them, because they, with the most perfect good nature, follow all which has been either said or done, whether that be inefficient, erroneous, or even hurtful. Different is the fate of him who ventures to deviate from such a beaten path, which I have most decidedly done, both in reasoning and in practice. His every endeavour to lessen human misery, either subjects him to the secret and calumnious whisperings of his professional brethren, or raises a nest of hornets about his ears; and there are always plenty, who stand high in the profession, at once ready and willing to lend their influence to oppose that success which would necessarily be the result of toilsome industry. How, after these my earnest endeavours to improve medical reasoning and practice, you could be prevailed on to direct your severity against my literary and professional labours, *solely directed for the use and altogether for the perusal of the medical profession*, and, in the most unprovoked manner, suffer yourself to be put forward to accuse me of employing obscene expressions, I am at a loss to conceive.

I shall leave to your cooler reflection maturely to weigh your motives, and the incalculable injury you have intended me, and I shall be greatly mistaken if you then can lay your hand on your heart and say you have done me justice.



Fortunately for me, Sir, and most unfortunately for you, it is acknowledged, by universal consent that the greater part of a physician's professional duties are really what you would term obscenities. We cannot discharge these duties with any sort of advantage to the public, without being daily compelled to make statements, to put questions, to perform duties, which are to him inevitable, but which you, Sir, would deem the very highest obscenity. How you, therefore, can, with a shadow of consistency, set your face against the detail of professional facts, in books, in order that at least our younger professional brethren may be instructed in the secrets of their art, I dare say you will unfold to us.

By this attempt to injure one, who never either did or desired to do so to you, you have exhibited an evident and unequivocal wish to make me appear to the greatest possible disadvantage; but my friends assure me they feel no inclination to be biassed even by Dr. Baillie's unsupported assertion. He must be an abler disputant than I have ever yet met with in life (not even excepting Dr. Baillie), who can successfully contradict demonstrable facts. From the Editor of a certain Weekly Paper, and his attorney, such an attack, though as unjust as untrue, was not altogether surprising; but I was, indeed, amazed to find Dr. Baillie in such company. Even allowing you



the full force of your intention, you have not ventured to object to any one of my practical doctrines; and even now I call on you either to do so, or to vindicate the conspicuously erroneous opinions of Sir Everard Home, or of any of the other authors on whom I have animadverted, with a single view to the benefit of mankind. If, *on any one pretence*, you decline this objection to my doctrines, or vindication of them, I must conclude you incapable of either, and, if you attempt to support them by argument, I pledge myself to prove you wrong.

I most unhesitatingly assert that this attempt to injure me will remain a blot on the page of your reputation, which neither the ingenuity nor the exertion of Dr. Baillie, nor the Editor of the Weekly paper alluded to, can ever obliterate. In the most favourable view it is an attempt, assisted by a man standing high in the profession, and perverting the public confidence vested in him, to suppress useful investigation, and impede the progress of incontrovertible truth.

Thus, Sir, to warrant your erroneous and anti-professional remarks, every law respecting animal life, either in health or disease, must stop, and every inquiry which has the alleviation of human misery for its object, must suffer neither further examination nor improvement.

Had you now addressed me privately, as it oc-

curs to me you once had the kindness to do, when in one of the letters with which, if I mistake not, you honoured me, you, if I remember rightly, apprized me that insinuations had been made to you directly intended to injure me;—had you done this, I am sure I could now have satisfied you as fully as I then did, that it was no honourable, nor even honest informant, who sought to prejudice you against me, on grounds not less false and unjustifiable than those which you have now, Sir, unhappily adopted. What I allude to, you doubtless recollect, and I believe I addressed you by letter on the subject. Your perusal of the book must have fully satisfied you how far you were misinformed, when you were told I intended to publish one of your private letters; for were I even one of those very cautious people who preserve the letters they receive, I should not deem myself warranted to publish them on slight occasions.\*

Thus, Sir, after more than twenty of the most valuable years of my life have been consumed, in attempts to render the subjects in that book more scientific and more practically useful, I have during a great part of that time, been the mark of a set of interested conspirators, who never dared shew themselves openly, but, like assassins,

\* The letters, here alluded to, are those in the previous pages, which have been most fortunately preserved.



struck behind another's shield at my moral and professional reputation; and who systematically, unceasingly, and unrelentingly, have harassed and persecuted me, without allowing me any sort of opportunity of stepping forward in vindication of my rights and my character. But, Sir, the time is perhaps at no great distance, when your deliberate reflection will regret this easy compliance with my enemies. At some fortunate moment the hurry of professional duty may abate, and you may condescend to examine my anatomical, physiological and pathological labours: not, as in the present instance, by garbled extracts, from which no man can judge aright, but by the consistency and the practical utility of the whole. You most willingly accepted of the dedication, and that too after I had decidedly refused to comply with your wishes to be silent respecting the doctrines and practices of Sir Everard Home; nay, even after I had informed you that I, at last, proposed to present it to some one else, you desired me to dedicate it to you, unconditionally.

Possessing, perhaps, less vanity than falls to the common lot of man, I do not calculate on posterity's taking much trouble either about me or my exertions. If, however (for human proceedings are greatly influenced by accident), after times shall devote any attention to these proceedings a more awful period approaches. The machina-



tions of my enemies, the slanders of a Journalist, my own labours, and even the lucubrations of Dr. Baillie must find their level: when party feuds have ceased, and malignant spirits have slept—when journal interests and personal animosities have alike expired—when posterity shall judge on our characters by the result of our principles, and neither name nor rank shall weigh in the balance,—full fair, and final justice will be done upon us all. It will then be decided, which among us has contributed to the alleviation of human misery; our opinions will be tried by their truth, our services by their utility, and, our reputation by our services. In the humble hope of such a tribunal I console myself, even in Dr. Baillie's censure: it supports me against newspaper malice, and professional jealousy.

I shall close this extremely painful task by intreating you not to misconceive me. You may know, Sir, I am not altogether independent of the world: the severity of your attack on me presupposes this knowledge; but you must not carry it farther in the supposition that I am not independent of *you*. Your acceptance of my volume, with its heaviest faults upon its page, was the only favour that I ever asked or expected from you. The possession of conscious truth, the acquirement of new facts in the course of long study, exempt me from the solicitation of Dr. Baillie's

kindness, to any greater extent, at least, than the common duties of life. I disregard the intrigues of my adversaries, and I scarcely request him to forbear assisting them; though I might reasonably expect that a man, established in his profession, would not close against me the avenue through which he so successfully passed, and that he would tolerate the honest endeavours of one wishing to arrive at such eminence as his industry may entitle him.

I shall now take leave of you, after recommending to your attention the following impressive words:—"Go not forth *hastily* to strive, lest thou know not what to do in the end thereof, when thy neighbour hath put thee to shame."

I have the honour to be,

Your most obedient servant,

JOHN ROBERTON.

7, Cleveland Court,  
St. James's-Place, June 18.

This speaks for itself, and requires no comment. Dr. Baillie also thought that it required no answer. Fully contented with having made the charge, he would not condescend to its proof: accounting perhaps *his* diction a sufficient substitute for authenticity and veracity.

But, as I had taken a strong fancy to extracting an answer out of the doctor, no matter of what sort, I wrote him as follows.



## SECOND LETTER TO DR. BAILLIE.

*“ I’ll talk a word with this same learned Theban.”*

SIR,

From the time which has elapsed, since you drove me to the necessity of publicly addressing you, the world will decide on the *dignity* of your silence, in thus shrinking from the contest you have excited. It is for others to determine whether such conduct was induced only by your consciousness of a total inability, either to object to my doctrines or to defend your own. Your unprovoked, but I trust, abortive attack, on my professional and literary acquirements, will stand as a sufficient proof of your science, your justice, your modesty and your veracity. Possibly however, you are prepared to be informed that he who is influenced by unworthy purposes, can degrade only himself, and that the humiliation he designs for his adversary ends in his own abasement.

In forcing me into contention, where you have not ventured to meet me, you doubtless calculated that your professional influence (ability you perhaps will chuse to call it) might effect my utter annihilation—that one frown from your tremendous countenance—one corrugation of your magisterial brow, would make me wither before it like animal life before the sweeping *Simoom* of the desert! Had you dreamt that I should dare to defend myself, you would have paused a little



before you roused me ; but you expected no opposition, and thought you could, silently overwhelm my little caravan *in the dry dust of your sterility !* It might have been prudent in you, therefore, first to enquire whether your antagonist was likely to be quite so easy a conquest. It required no extraordinary wisdom ; even your relative Sir Everard Home could have recommended you to *thank God and sit quiet !*—you might have been reminded, that your whole proceedings, *in the AMAZING rapid performance of your professional engagements*, rendered it at once highly expedient for yourself, and charitable to a confiding public, to remember that *the less said about them the better*—that men who have stood extremely high in professional *name*, have become giddy from their elevation, and have, at length, found themselves not so comfortable as if they had “ thanked God and set quiet.”

My practical investigations, Sir, are, in a great measure peculiar to myself, and were the result of many years attentive observation, but in the *rapid career*, which precludes the possibility of tracing improvements in the healing art, you have not had time to observe that they are conducted in a manner and by language strictly suited to their nature.

I was aware of the notoriously lamentable fact that to depart from the beaten, and too often at best useless path of medical practice, was sure to

produce professional animosities. I was, therefore, cautious in making my statements, yet firm in their support, and of this Sir Everard Home can bear evidence! So satisfied am I that I thus again openly call on you, or him, or any of your medical dependents, to attempt the refutation of any practical doctrine in the book which you have presumed to stigmatize. The libellous abuse of my work, or rather of its author (doubtless by friends of your own) may very probably become the subject of legal investigation, and if objections be urged, *now* is the time, and not during the necessarily rapid discussion inseparable from a court of law—almost as rapid, sir, as your own professional movements! If my practical doctrines possess merit to support themselves, which they have hitherto done to the satisfaction of the unprejudiced, let them, *in that case only*, be considered as the best service I can offer the suffering part of human nature. While both the originality and the utility of these doctrines are estimated by the liberal, the disinterested and the wise, I shall consider myself fortunate in being honored by such a tribunal, but where influence, rendered profligate by success, attempts to tyrannize over industry, from such a tribunal, “good Lord deliver us.”

Except, Sir, for this or similar transactions, directed against one who has independence enough to avow that he values plain matter of fact far



above the falsehoods of any man, you might have contrived to journey into your tomb, and at the same time, leave the world to eulogize your departure. Thank God it is a Briton's indefeasible privilege to be allowed to expose the artifices, and pursue, into merited contempt, all who degrade themselves by adopting the pitiful stratagems which you have levelled at me.

Believe me, however, that in no other discussion or controversy, have I ever experienced such heart-felt sorrow. The time appears but as yesterday when you stood at the highest pinnacle of my unsuspecting opinion. From my childhood, the virtues of your father, which I hoped to find in the inheritance of his son, taught me to regard your very name with veneration. To be forced to a trial of strength—to be dragged into a contest, with the son of such a worthy man, under whatever circumstances, or from whatever motives, he may have become my enemy, renders even a complete triumph over him more painful than a defeat from another antagonist.

Men, like your worthy father, of upright mind have ever been gratified with lessening the difficulties of those struggling to ascend the slippery steep of fame, and these commendable duties he often labored to impress upon his son. God knows how sincerely I hoped that his instruction might not be sown among *thorns* and *thistles* but on profitable ground! For the sake of those now no



more, I would have forgone many and higher advantages to find Dr. Baillie the inheritor of his father's worth—and, in this hope, till I was fatally deceived, I have looked from amidst many dispiriting and comfortless scenes—I did hope that, from your professional situation, you might have extended some small portion of your aid “to lead me from the miry path and thorny way.” Alas I hoped in vain. Instead of thus employing yourself, in laying up stores of mental comfort, for times of peaceful retirement and satisfactory retrospection—to find that your wishes, for my success in life, existed *only while I lived in Edinburgh*, but that ever since I resided in London, now nearly seven years, you had, without one provocation, singled me out, as the victim of your vengeance, and were busily exerting your professional influence to render my humble endeavors, to improve an imperfect profession, even worse than contemptible—to find that, from your father's house, so much vindictive but deliberate deception could emanate, has made me almost doubt the purity of human principles.

There are few who do not, at some period of their lives, feel the visitations of that internal monitor conscience, which often speaks awful truths to the heart of him who has indulged in secret malignity. When stretched on the couch, from which you are no more to rise, reflexion will have its fullest scope. Then a man recalls, with

impartiality, his various connections in and duties to the world. The good man feels serenity, confidence and hope—he looks back with no emotion which can disturb his repose, and forward with contented resignation. How different is the last hour of the unjust ! his every reflexion is a rankling dagger in his bosom—he looks back on duties omitted—on power misapplied, if not even exerted to oppress those he thought beneath him, and trembles to finish an hypocritical life, on which self interest can no longer dawn, and which no consolation can illumine. Which state I should prefer is easily said—which Dr. Baillie may meet were not so delicate to mention !

For the present, sir, I shall leave you to your own reflexions—they *must* bring admonition—they *may* induce reformation. Let me hope that they will spare you the visitation of a third letter.

From your humble servant,

JOHN ROBERTON.

7, Cleveland-Court,

St. James's-Place.

N.B.—A few days since I found, among my papers, all the correspondence I had with you in 1810, which, with that of a recent date, I shall immediately send to press.

My bookseller has intimated to me that the third edition of my book is nearly exhausted, and it is my intention not only to insert the whole of this correspondence, in the fourth edition, which

will be speedily published, but also in a separate pamphlet.

Thus, sir, you may not require to live very long to feel that it is desirable a man of questionable moral principles should be possessed of a good memory. The public exhibition of the above correspondence, with occasional remarks, will show that both your principles and memory, if ever they were good, have now sunk into decay and consequent degradation.

When this part of your history has been favored with due reflexion, and public animadversion, I may possibly continue to refresh your memory, as well as that of some of your colleagues, on other subjects of a somewhat similar nature.

J. R.

Still silent ! Martinus Scriblerus' experiment on the dead ass (pardon the comparison) was not more hopeless than mine upon the living Doctor. After so many years of study my antagonist had not acquired the common science of life. The sage, whose very relationship confers irresistible authority, was yet to learn that, imprudent as it might be to begin a false step, it might be still more imprudent not to go on. Candour retracts an error—courage continues it. Dr. Baillie was not generous enough for the one, nor daring enough for the other. He did, therefore, precisely what alike endangered his credit and his safety. *He stopt*



*short in his career*, without honesty to go back or spirit to go forward—and there he sticks to this moment.

Had I any personal malice against Dr. Baillie I should have advised him into just such a sticking place ; and there to be admired by all those who might feel that way inclined. Alas ! where were his young retainers—that this friendless old gentleman had neither junior nor relative to keep him out of mischief ? But *I* was to be destroyed at all events — no matter how they sacrificed Dr. Baillie :—*the system* was to be kept up—no matter how its master was to be discredited.

What this *system* is I was about to explain :—but a French physician, De La Mettrie, has done it so much better, that I willingly give way to his definition. It is entirely *secundum artem* :—without the least morsel of indelicacy.

“ Kill your patient,” says he, “ by an exact conformity to the established rules, and you will be allowed to have done your best ; you will live with credit and satisfaction, an orthodox practitioner, and a good man.” In another instance—“ Save,” says he, “ a sick man’s life, by listening to the voice of reason, and departing a little from the beaten path, and you will draw down on your devoted head, the abuse and resentment of every little whipster in physic, and every old woman in the parish ; you will be thought a dangerous man, and not improbably be prosecuted for malpractice.”

Of this “malpractice,” which has so fearfully excited the resentment of Dr. Baillie and his followers, I have not escaped either the offence or the punishment. It does not suit my hand to gather smooth stones from the brook. My daily habits and writings, and words and actions, are not an iota more calculated, than in this little tract, to conciliate those among my brethren, who regard the profit of our profession rather than its utility. Human life—that important and serious charge! is in the trust of the physician. It ought not to be hazarded for the views of interest or for the tenaciousness of custom. In every profession, but especially in ours, *rules* are valuable only as they are safe, and with the enlargement of science, the extension of principle, and the progress of discovery, they must find their confirmation or their abolition.

In philosophy, *error* only injures learning—in mechanics, it only frustrates labour—in law, it only unsettles property; but in medicine, it destroys *life*. In all other instances, error may be either revoked or atoned: in this only it is irretrievable.

Feeling this awful responsibility of our profession, I have studiously examined the principle of all its rules and all its systems, and have as studiously deviated from *all* that were originally wrong or subsequently corrupted. In this deviation, it ever was, and ever will be utterly indif-



ferent to me, who those men were, or what they were, who followed them, or by whom they were followed ; whether eminent or obscure, whether basking in the sun-shine of prosperity and ease, or toiling under the lash of profligate and unprincipled oppression.—In such a cause, even DR. BAILLIE is disarmed of his terrors !

Ignorance, it has been said, delights in darkness and loves mystery, but the duty of him, who deserves the name of physician, is *to tell what he knows, and do all he can to better the condition of human life* ; and, as I studiously shun every complex statement, and other refuges of ignorance ; as I neither form a philosophy of my own, to suit my own particular ideas, nor dream about that which experience has proved correct, I sincerely hope that such a character cannot, in justice, be applied to me. Let me not be accused in thus assuming the merit of long and painful study, in claiming to myself the reward of my own industry ; the reward of a life not yet worn to the dregs, but the youth and maturity of which have been turned aside from all the pleasures of convivial society, and the usual relaxations and enjoyments of the world, to unbroken investigation, reflexion and seclusion. I have learned neither courtesy nor compliment, and, *until I begin to fear, I shall not begin to flatter*. Not even Dr. Baillie can possibly obtain from me the forbearance which would induce me to forego the duties of humanity, or the in-



terests of man—not even Dr. Baillie can induce me to accompany him in useless forms, unmeaning jargon, and circuitous rules. I endeavoured to frame for myself, or rather renovated and simplified certain departments of medical practice, and the whole merit and success of such proceedings, rests in their simplicity. Some of the doctor's yelpers will call this *chance*, but let them be instructed that it is the upward pursuit of unerring, consistent nature, toward that infinite perfection which reason may investigate, but which greater powers than *theirs*, cannot thoroughly comprehend. They may be ordered to call it enthusiasm—perhaps empiricism, but their employer *knows* that it is neither.



## INTRODUCTION.

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NOTWITHSTANDING the multitude of books, pamphlets, &c. on medical subjects, with which the world has already been favoured, and which daily issue from the press, it appears to me that a rational examination into the nature and treatment of many of the diseases of the *Generative System* has been too much neglected. The practice has consequently been very often unsuccessful, and, viewing it even in its most favourable light, if the original affection were accidentally removed, the means employed have too often given origin to other diseases of a more unpleasant nature than the one for the removal of which such treatment was applied. The unfortunate patient is thus too frequently subjected to struggle not only against the original malady, but also against the bad effects of the injudicious means used to remove it. Of this, I have witnessed innumerable instances, particularly in cases of the disease erroneously termed *Permanent Stricture*,—a name now ridiculously applied to too many diseases of these parts. Indeed, the opinions



inculcated, and rules of practice advanced, in many of these publications, modern as well as ancient, are fraught with, what I conceive to be nearly approaching to, absurdity, and demonstrate, at a single glance, the ignorance of their authors respecting those laws of the animal economy, with which every one ought to be well acquainted, before he attempts to prescribe for any important disease.

In following their rules, and in attempting to imitate their, too often, confused and improbable statements, disappointment, such as frequently happened to myself, must have been experienced by many others, in a variety of instances. It was the frequent repetition of such unpleasant occurrences, which first convinced me of the necessity of exercising some independence of thought in my reasoning and practice; and of following such rules only as could be supported by reasoning, at least, as easily understood, as the rules which it inculcated.

The chronic diseases, to be examined in this work, were, previous to my investigations, either secretly felt, or openly avowed, to be incurable; and it affords me no small degree of gratification, to find, that, wherever the liberal and candid have patiently followed these rules, they have, after a little practice, been as successful as I have been.

I have also found, to my entire satisfaction, that somewhat similar reasoning is equally applicable to several other forms of disease, which, from

statements in medical books, I, in common with the public in general, had long conceived to be irremediable.

In prosecuting this subject, I shall publish no opinion from the reports of others; I shall state nothing but what repeated observation and experience has convinced me of; and if, from the *experience* of others, it can be proved that I have in any way erred, I shall, with the greatest pleasure, listen to such suggestions, and most assuredly confess my error. In the perpetually fluctuating state of medicine, no one, really anxious for the improvement of the subject on which he writes, will ever conceive it a degradation for him openly to retract any statement which may, at a future period, be found defective. It is by the want of such open, liberal, and candid conduct, that medical science has been much retarded; and it is only by adopting such conduct, that it ever can, in a remarkable degree, be benefited and improved.

Although, then, in the present work, the evidence of facts, and a pretty extensive experience, compel me to dissent from some of my contemporaries; yet, I shall do them every justice where the particular nature of my subject will admit of it, while I, at the same time, shall, on no account, whatever, be intimidated from stating my objections, where they seem in fault.

Early in life, I was little disposed to doubt the statements of those whose labours had previously obtained general approbation. On perusing the



*facts*, however, adduced by Mr. John Hunter, for instance, in his reasoning and treatment of venereal complaints, and also those *facts* contradicted, and other *facts* adduced in their place by Mr. Benjamin Bell—when I considered that it was possible *both* their statements *might be wrong*, but could not possibly *both be right*, I was forced to conclude that, at best, either the *facts* of the one, or the *facts* of the other were *untrue*. I, therefore, resolved to trust implicitly to neither the one nor the other ; but, so far as I might be able, to be guided only by observation and common sense.

The erroneous opinions, indeed, of those men who stand highest in public estimation, ought to be pointed out with the greatest freedom : for, whatever is either said or done by such men, is, not uncommonly, even without much examination, held up to others as a model for imitation ; while the most important truths, from more obscure characters, are usually heard and believed with the very greatest caution. I wish it to be particularly understood, both by the gentlemen themselves, and by their admirers, that it is truth alone I am in pursuit of—not victory. The correction and establishment of any one important fact, which was formerly influenced by error, will give me a pleasure, which I should fail in attempting to describe.

I am sensible that prejudices, from first impressions, are difficult of removal. They are not,



in general, to be at once overturned even by clearer and more forcible argument ; but only by a slow and gradual revolution of the mind, which time alone can effect. The mind must first be divested of its incorrect habits of thinking, from whatever source these may have been acquired, before it can even be open to that which is right.

None, I am sure, will dissent from me when I assert, that every literary production is open to fair criticism ; and while it is examined fairly and candidly, though perhaps, as the author may think, rather roughly, he cannot complain. The very act of publishing is an appeal to the world, claiming superiority over other works of a similar nature (or, if otherwise, for what purpose did the author publish it?) ; and it is, therefore, for the benefit of the public, that fair and impartial critical examinations are undertaken. An author, therefore, possessing either superior abilities, a liberal mind, or just principles, will rather rejoice to see his errors corrected, than allowed to pass into the world, where they may do much harm.

I am well aware of the truth of the remark of an eminent author, that “ he who attempts to shew the failures of a celebrated writer, shall surely irritate his admirers, and incur the imputation of envy, captiousness, and malignity.” Such imputation has no earthly weight with me ; for, as expressed by the same author, “ if there is any writer whose genius can embellish impropriety, and whose authority can make error venerable, his

works are the proper objects of critical examination.” On this principle alone I shall attempt to proceed. To endeavour to please, at the expense of truth—to allow gentleness, or politeness to the author himself, to hurt an argument, where personalities can never in justice be recognized, and where perhaps the lives of millions are at stake—to estimate those works highly, because the author has, by some casual accident gained a reputation in the world,—are qualities which I neither possess, nor do I envy in him who possesses them. They only tend to retard the improvement of an honourable, useful, but imperfect profession; and the man of talent, or of genuine philanthropy, will spurn at such false delicacy.

I, however, wish it to be particularly understood that, in my examination of any public statement, I scorn to be influenced by any motives, or by any circumstance, but solely what seems to *me* the merit or demerit of the subject itself. I believe that, in these matters, my conduct will always be the same, if other circumstances sanction it, to my nearest relation, as to my most inveterate enemy; to the author at present in existence, as to him who lived a thousand years ago. I sincerely wish the same sort of spirit were more universally diffused; and, that it were not supposed, as is too commonly the case, that, in pointing out an error in any man’s *public* character, you allude to his *private* and most sacred transactions. Indeed, every one who is engaged in the laborious task of



attending the sick, is bound to deliver his sentiments with that manliness and independence, which ought to characterize those, connected with a profession, which *should have* for its very basis, the purest sentiments of liberality. Nor should he be intimidated or deterred, because names of acknowledged repute give their sanction to opposite opinions. It ought, on the contrary, to be remembered, as expressed by a certain philosopher, that “ the influence of names is in exact proportion to the want of knowledge.” I have no hesitation in saying, that too great a deference to them has, at all times, been highly injurious to many questions in science, and to none more than those upon which I am about to treat. While the researches of such persons, even viewing them in the most favourable light, at most embrace only one point, their word is too frequently esteemed a law in every other ; and thus blunders are committed and sanctioned, which ought never to have been heard of.

I know that indiscriminate approbation is an easier, and a more pleasant task than fairly to find fault with, and justly to condemn ; because in bestowing indiscriminate approbation (perhaps one of our greatest bars to the advancement of science), it is not necessary for the writer to have any thing more than a very general knowledge of his subject ; and disapprobation, applied in the same indiscriminate way, unless it adduces stable argument for its principle, inviting the most



minute examination, is, though less pleasant, equally easy, and perhaps oftener resorted to than even the former. The sort of criticism, however, which is beneficial to society, and which indeed deserves the name of criticism, is that which, laying all partiality aside (both for and against the author), consists in a candid examination of the principles he has publicly adopted,—of the benefits he has bestowed on mankind in support of them, and of such injurious consequences as may result from them: not, as is too generally done, by alone holding up his doctrines to the world in mangled extracts, or in statements which either, in that form, convey nothing, or disfigure his truths.

In my private correspondence with various intelligent persons, respecting the nature of my opinions and practice on diseases of the generative system, as well as in my critical examination of the works of others, it has been, probably with justice, observed, that the severity of my style of writing, and my disposition to find fault, were considerable; and the keenness of these criticisms perhaps unnecessary. My enthusiasm for the improvement of my profession may, indeed, have induced me to employ some degree of acrimony in my writings; but from no other motive have I ever done so. I only wish that such an ample field for finding fault had not been afforded me, nor such opportunities of employing critical severity. Indeed, nothing even then, where I myself might alone be personally concerned, could have

induced me to use such severity, except the alleviation of human suffering and human misery,—the subject which alone ought to plead my excuse against every lesser fault. “A writer who betrays no warmth—no animated sympathy with his subject—who is courtly in expressing indignation, and shy in exposing danger, must have either been dragged into the contest against his will, or must be indifferent to its issue.” In the ordinary duties of life, I hope I am as mild as any one; but I shall never allow matters of great public importance, upon which I have ventured to write, to suffer from that cause. This disposition, I know, unless viewed as it ought to be, is perhaps for myself alone an unfortunate one; still, however, I never did, nor ever shall, to my knowledge, wantonly either wound the feelings, or hurt the interest, of any living being. But when I see what I deem science and humanity trampled upon, I always shall, at the risk of every private or personal consideration, stand forward in defence of such interesting objects. Whatever judgment the censorious part of the world may pass on such conduct, I shall always have a secret satisfaction in thinking, that some of my leisure hours have been usefully employed. I shall cheerfully sacrifice a part of my own quiet and interest, if thereby I can be in any way serviceable to the suffering part of the community.

No character seems to me more pitiable—more



completely useless, than the time-serving creature of the moment, who, without even an attempt at the slightest examination, either respecting the truth or utility of any advanced proposition, relies implicitly on public statements; and, even allowing him to be possessed of the power, never ventures to contradict or oppose them, however absurd. In fear for himself, and for his interest, he obsequiously follows the example of others, and trembles to hazard an opinion which may possibly give the least displeasure to any party. But the man who can, without fear of any one, detect erroneous practices, and propose a remedy, is of service in his profession, and, consequently, although they have been promulgated by men of some celebrity, a useful member of society. Even he who can detect an error, without being able to propose a remedy, but who states it in such a clear manner as to induce others to pay attention to it, does no mean service to mankind. Indeed any improvement, or discovery, is not only of itself valuable, but is rendered conspicuously so, as, in proportion to its importance, it forms a sort of nucleus for the enlargement of that species of knowledge to which it bears any relation. It is only the cypher, who does nothing, and the cynic, who carps and quarrels, from mere dissatisfaction, who can be easily dispensed with in any department where improvements are wanting.

Were men only to be estimated, and autho-



rities held valid, not from the *supposed* eminence of their proposer, nor from their being delivered in the works of certain men, but only from their consistency and truth, they would, oftener than they do, lead to real public utility. The healing art would then be founded on true philosophical principles—would lead to acts of humanity and mercy, which its very nature implies, and cease to be the particular province of those, who have no just claim to such a character.

What right to public notice has he, whose whole plan of practice is not the result of observation and reflection, but an imitation of the musty pages of some favourite author, to whom he ever and anon repairs, when any thing beyond the most common occurrence presents itself? We all know that such books and such men exist, and consequently the young physician, who wishes to acquire a knowledge of the nature of disease, is thus often led astray : for a variety of opinions have crept into the world, under the sanction of names which, in the common acceptation of the term, are deemed respectable, and thus his difficulties and his duties become complicated, and often mysterious.

Thus the natural simplicity of our profession is distorted and rendered widely destructive ; for such methods of obtaining information instead of tending to develop truths, and thereby render them easily understood, have ever involved them

in unnecessary obscurity; that they might only be successfully treated when under *their* own immediate direction, and by some peculiarity of practice with which *they alone* were acquainted.

Another source of danger exists in the impositions and frauds of that herd of *professed* and murderous quacks, which, to the disgrace of our country, are to be found in every corner of it; and who, with their advertisements and handbills, respecting the diseases I am about to treat of, are destructively numerous. These men, without knowledge derived from reading, personal examination, or any method by which they can form a proper judgment of complaints, prescribe one medicine alone, not only for *every stage of disease*, but actually for diseases of a *totally different nature from each other*! They also generally employ drugs of an active nature, which, unless in instances of merely accidental success, render their practice more dangerous, if not more certainly destructive, than the diseases themselves would have been, had they been allowed to take their course, even without an attempt to check them. Their proceedings indeed are similar to those of a bad surgical operator with a sharp knife—he may *accidentally* perform a cure, but chances of his *failure*, if not of committing the most serious *mischief*, are much more certain. With their advertisements, &c. they indeed impose on the credulous and weak-minded; and such persons,



I am sorry to say, constitute a very great proportion of mankind. Hudibras remarks,

“ The world is nat'rally averse  
To all the truth it sees and hears,  
But swallows nonsense and a lie,  
With greediness and gluttony.”

Men however who can reason for themselves, are seldom the dupes of such contemptible quackery.

Rational discrimination is, indeed, the essence of science—the focus which enlightens every study. By it, truths are selected, and the often apparently mysterious paths of scientific research are at once rendered simple, beautiful, and useful.

The man of accurate discrimination, and of some experience, who feels equal abhorrence of inactivity and mysterious gravity, ought alone to be selected as a medical attendant.

In this neither manner, nor any other consideration, ought to influence our choice in a remarkable degree, but only a thorough conviction that the one appointed is, as far as our present state of knowledge will admit, completely capable of the fulfilment of such a duty. Yet in this most serious of all mortal actions, we, not unfrequently, find a preference given to a medical attendant, solely because he dresses well, is a most agreeable and fascinating companion, plays a *clever* game at *whist*, is a bigot in certain religious tenets, espouses a particular side in his political opinions, or, in short, has studied any particular thing, or all things,—except his profession. Above all, a *very*



*common* reason for such a choice usually is, his having, by some lucky chance or other, (perhaps by having a professional reputation bequeathed him by his father or his master) become so much employed in his profession, that he has not a moment to think on what he is about! Then, whatever opinions he may entertain, whether wise man or fool, Whig, Tory, Mahommedan, or Christian, provided he is so employed as to be unable to do justice to *any* one—*every* one must have him!

In the present treatise I shall endeavour to avoid such errors as may lead to unpleasant consequences—I shall dwell much on the practical part, and a great proportion of the work shall in some measure be original. However little useful information it may, in the opinion of many, contain, there shall, I trust, be nothing introduced which may have a tendency to lead the young and unsuspecting practitioner astray. Its substance is a carefully condensed view of a long and extensive range of practice, in that particular line, now submitted to the public, because I think, when I take a comparative view of other works on the same diseases, that one similar to the present is still a desideratum. In other works I know there is much useful matter, great labour and indefatigable industry; but, from the confused manner in which it is delivered, it requires considerable advancement in knowledge to make an useful or even safe selection.

I have no particular hypothesis to maintain—no object in view, but purely the removal of those diseases, in the easiest way for the patient, and the most honourable for the medical attendant.

It has ever occurred to me that the man, pertinaciously attached to any particular theory, which, right or wrong, he is determined to support, is not the person from whom the scientific world has much to expect. Theories vary with the varying hour—systems are daily found defective, and, by some one or other, must be improved. A consistency and propriety of conduct, therefore, is not exemplified in rigidly adhering to any theory which, after practice, may prove defective, but by only adhering to such as have not yet been overturned by after experience.

That I have endeavoured to act on this plan, without any pre-conceived notion whatever, cannot be better proved than by a brief account of those occurrences which successively induced me to employ the lyttæ, for instance, in the different complaints in which I have found their use attended with advantage.

When I first made use of that ill-understood and consequently mis-represented medicine, (and I confess I did it with fear and trembling) in a case of gleet—the gentleman had several ulcers, of some years standing, on one of his legs, which, under the influence of the lyttæ, inflamed so much that he could not even stand. In the course of a few weeks, however, without any other medicine



or change of dressing to what he had used for many a day, the ulcers all healed. It was, at this time, that I ventured to believe the lyttæ was a *general* stimulant, and had caused this favourable change in my patient's system. I, therefore, took an early opportunity of administering that medicine, in a case of a very bad ulcer on the leg of a young lady. Similar inflammation was also produced here, which was followed by a complete cure. This lady's mother told me that her daughter had, for several years, been affected with leucorrhæa, which, during the use of the above medicine, had disappeared. This circumstance led me to a consideration of the effects of the lyttæ in leucorrhæa, and it was, during this part of my practice, that I met with some cases, combined with irregularity in the menstrual discharge. I at length tried the lyttæ in these cases, uncombined with leucorrhæa, and experienced similar happy results. It was also in my treatment of certain cases of gleet, that I succeeded in curing some cases of seminal emission.—Thus these important facts have actually been thrust upon me. I shall proceed in the same simple unbiassed way, and indeed should count the extension of such a train of success, in such dreadful complaints, worthy of the most patient investigation.

Thus influenced, I shall not enter into long and uninteresting details, which may be found in almost every book. I shall chiefly confine myself to such points as may be immediately applied to use; and even when, reasoning on some

of them, and on the works of others, I may leave that track a little, I shall be careful never to lose sight of it.

It is worthy of remark that, when the generative organs are in a state of perfect strength, and capable of the greatest vigour in generation, the general health is, in almost every instance, in an excellent state ; and when the general health fails, these parts fail in a greater degree than many other parts of the body.

Perhaps there is no disease, to which the human fabric is subject, which preys so much on the mind, as the protracted disappointment of one labouring under such complaints. The care-worn and chagrined countenance, and the haggard and emaciated body, proclaim, in language which cannot be misunderstood, the dreadful feelings of those who bear with them a consciousness of inability to propagate their species.

In judging of the particular nature of these diseases, much greater want of discernment is too often exhibited by authors, than we find even in the invention of substances essential for their removal. In these mechanical attempts we frequently find considerable ingenuity ; but what good purpose can this ingenuity serve, when that which alone requires the necessity of it, is entirely misunderstood ? Indeed our monthly journals teem with these inventions, especially in the form of catheters, bougies, &c. Every one is anxious, perhaps many from good motives, to add his in-



vention to the number. These men, however, entirely forget that it is the *contracting* power, in that diseased part of the penis, which is the disease — not the *contracted* portion—at least in the early stages. Were they to recollect that the contraction is solely an *effect* of the more generally diseased action, or contracting power, they would save themselves much trouble; for, unless they can say something to assist others in removing the disease of the more deeply affected parts, their mechanical ingenuity is entirely lost — perhaps productive of injurious effects. These diseases, however, as well as diseases in general, though they may have been caused in a variety of ways, can exist under no great variety of states of action. They must depend either on *increased, irregular, or diminished action of the system in general, or of the parts affected*; or they may depend on the formation of *new substance* in the part affected. When therefore it has once been ascertained to which of these states the disease belongs, its removal is in general, comparatively speaking, an easy matter, and requires no great depth of mechanical ingenuity; but, without considering this, a mistake by no means unfrequent, we are apt, not only to be unsuccessful, but we run many chances of committing very dangerous errors, in spite of our most ingenious contrivances. To avoid these clumsy mistakes I may observe that a medical practitioner before he attempts to prescribe for any important disease of the generative system, must,

to do ample justice to his patient, have a most perfect knowledge of the structure and uses, in the healthy state, of such parts as are liable to be the seat of such disease. These I shall describe in the plainest and most simple manner of which I am capable. Without this knowledge, indeed, he will be perpetually committing blunders, and, however much he may, by mechanical ingenuity, by technical terms and other subterfuges, for a while escape detection with the multitude, the discerning and the sagacious will not be long in estimating the extent of his real knowledge, and of valuing his professional abilities accordingly.

As the diseases arising from impure connection, or vitiated habits, most commonly to be met with in the generative organs of men, are *lues venerea*, *gonorrhæa*, *gleet*, *strictures*, *seminal emission*, *fistulous ulcers*, and *general debility*, or other effects arising from one or more of these causes, occasioning *suppression*, *retention*, or *incontinence of urine*, I shall consider each of them, and give a plain, and, I trust, a satisfactory view of the nature, consequences, and practical treatment of each. The most common diseases of the same parts in woman being *leucorrhæa*, *chlorosis*, *dysmenorrhæa*, *memorrhagia*, &c. with *gonorrhæa* and *lues venerea*, in common with the male sex, I shall also consider these, and give rules for their entire removal.

I may remark, that there often exists, in both sexes, for years together, *even without constituting any distinct disease*, a degree of debility of these



parts, and even of the general habit, which renders the patient extremely unhappy. The appetite and excretions are regular, yet the patient continues meagre and distressingly feeble. To these are also added, great irritability and occasional timidity, and dejection of mind. At length, irregularity in the functions of the parts themselves commence, and, in females, the uterine functions are in some very early disordered—all hopes of progeny are at an end, and hysteric, if not convulsive, affections are extremely troublesome. In the male, the irritability of the whole system is distressingly augmented ; he is either incapable of, or careless about sexual intercourse—he becomes gloomy, suspicious and morose, and too often flies for relief to the use of opium or spirituous liquors, which, although productive of momentary relief, slowly yet surely and irreparably, sap his constitution.

I hope I have investigated the nature and treatment of these complaints much more amply, and more satisfactorily, than has hitherto been done. I have, in conformity with the principles I have advanced, been careful to point out those opinions of authors which lead to errors in practice ; nor need I plead any excuse for this, since, by no other means, can the knowledge of the art be promoted, and the practice improved. In the relation of the cases, I have endeavoured to point out all the circumstances of habit, disease and medical treatment, which might be deemed important : and,

although I am aware, that a perusal of cases is much neglected; yet, I have inserted these, because from attention to them, much useful instruction may be derived. I have therefore endeavoured to render the cases which I have detailed, as useful and as interesting as their nature would admit of.

It is by not describing all the occurrences, as they generally take place in practice, that the student is too apt to imagine, or to be led into a belief, in the prosecution of his studies, that intricate cases of disease alone, or the intricate parts of cases, and capital operations, are almost the only worthy objects of his research. Thus influenced, he finishes his education, and proceeds to the practice of his profession. It is not till then that he is fully convinced he has altogether pursued a wrong tract, for he soon makes the mortifying discovery that he is almost totally ignorant of the states of disease, which are of common occurrence, and is only acquainted with that part of his profession which he must seldom, perhaps never, have use for. Thus an equal attention to many little, as well as important points, becomes absolutely necessary to him who wishes to be successful or to acquire fame in the arduous task of studying and curing disease.

My attention was, several years since, first led to the treatment of some of these diseases by perusing a publication by Dr. Greenfield, written



about a century ago, and containing some original observations on that subject: His book has many faults; but these, though they may tarnish, do not render useless its better parts. That gentleman, who was a man of learning and industry, treated diseases of the generative system in both sexes, and especially those of a chronic nature, by the internal use of cantharides. His success, as usual, excited the envy and malice of his professional brethren; and, in consequence of their intrigues, he was actually committed to Newgate, on a charge of prescribing *dangerous* remedies for the removal of disease!!

Though Dr. Greenfield's account of the powers of this medicine be very extravagant, yet it has, in many points, internal evidence of consistency and truth. All the complaints in which it is there said to be useful, have one character; they are those of extreme debility, and, therefore, might all be rationally expected to be alleviated by similar means.

In a dissertation also on the venereal disease, written by Dr. Turner, about the time Greenfield published, that gentleman, after deprecating certain means employed for the cure of gonorrhœa and gleet, proceeds to declaim against Greenfield and the cantharides; but his philippic, in reality, contains a very high eulogium both on the person and the substance condemned; for Turner clearly discovers that he never gave the substance a fair trial; and, even amidst the most abusive

invectives, he bears testimony to the learning and medical knowledge of Dr. Greenfield, as well as to the utility of the medicine which he recommended.

In Marten's Translation of Greenfield's work, a Mr. Younge relates some useful cases, and, with the independence of a gentleman, vindicates the reputation of his instructor, Greenfield.

The laborious Astruc gives an account of the internal use of this medicine, and mentions the principal medical men, *except Greenfield*, who exhibited it.

Other authors have mentioned this substance, but I shall only particularize Dr. Forsten, who, in 1776, published a profound and useful essay on the internal and external uses of cantharides, in which he gives a learned account of the opinions of the best authors, both ancient and modern, concerning them.

It does not, however, appear, that even by any of these men, the medicine was scientifically used, or managed with that caution indispensable to its successful exhibition; and this it undoubtedly was which excited the general outcry against it.

Now, wherever strong controversial disputes prevail respecting the qualities of drugs, some other motive than the development of truth, generally actuates one or other of the disputants. Under such circumstances, great caution in proceeding upon the opinion of either party, is strictly necessary; but such caution as will prevent our ascer-



taining the extent of the power of a substance, which has been allowed in many cases to possess properties of unappreciable value, can never be approved of, even by the most timid. By incautious conduct we would often commit faults with the most simple medicines, and, unless a certain degree of caution be used, even with the articles of our common diet. This caution, however, carried to *too great* a length completely prevents us from obtaining a knowledge of our most useful remedies, and consequently of ever effecting a cure of the numerous diseases which can *alone* be remedied by their well-regulated administration.

I add, with pleasure, that I have too exalted an opinion of the human mind to doubt that, at some future period, we shall be as completely in possession of the means of suppressing the virulence of venereal complaints, and of entirely preventing the propagation of this dreadful scourge, as we now are of those for the prevention of the small pox. The devastation, which the small pox formerly made, is fresh in the recollection of us all, and we have all been fortunate enough to witness its almost complete extermination. The miracle would not be greater, were we to see the same occurrences take place with regard to the venereal disease.

To the various gentlemen who have favoured me with their remarks on my opinions and practice, I return my most sincere thanks. I have perused several of them with pleasure, as they

at once breathe a spirit of truth and manly independence of thought.

My exertions, throughout the following work, however ungracious they may be to some of my professional brethren, have been made solely for the public benefit, and, independently either of the good or bad opinion, of those interested individuals, who may be more accustomed to the trading and trafficking part of our profession, than I either am or wish to be, I shall, while I continue to practice it, do so with a disposition at all times ready to correct faults, when they are pointed out to me, and also with a determination to support such facts as I may have thought proper to adduce, till they be pointed out as erroneous. I have ever been of opinion that, however successful a medical man may have been in gaining a reputation in the world, whether from patient industry, or accidental occurrences, he ought ever to keep in mind, while he continues to exercise the duties of his profession, that he is a servant of the public, and has daily, at his disposal, the comforts and even the lives of many valuable individuals.





## PART I.

# ANATOMY, &c.

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## CHAP. I.

### *Anatomy and Physiology of the Urinary Organs.*

**TO** demonstrate the anatomical structure and functions of those organs concerned in the continuation of our species—to point out the various forms in which they may be deranged—to investigate the sources and progress of such derangement, so as to anticipate many difficulties which present themselves in practice—to describe the sufferings from such derangement, and show the means of restoration to their originally healthy condition—to lay down rules, and give a view of the cases which require caution, and also those in which it is absolutely necessary to be bold and decisive, in order that the dangerous, and often fatal timidity, so frequently met with, in the world, may be laid aside—form a series of the most interesting considerations in which any man can be engaged.

Indeed a perfect knowledge of those facts on which my future reasonings are to be built, on which the mode of practice, I shall recommend, must be founded, with which even the continuation of our species is connected, is absolutely necessary to him who wishes to form a clear judgment of the following subjects, and thus, not only escape the many blunders which we, every



day, see committed around us (for in these matters medical men are prodigiously prolific), but be fully capable of detecting such blunders when committed.

As I proceed, I shall endeavour to explain these in a clear, and, I hope, satisfactory manner.

The intimate connection existing between the generative and urinary organs, and the influence which they exert upon each other, both in their healthy and morbid phenomena, renders it necessary that the latter, as well as the former, should here be considered ; while the difference of structure in the urinary organs of the two sexes are so extremely trifling, that they may well be thrown under one general description.

I need only remark, that the female bladder is somewhat larger than the male, and the urethra considerably shorter and wider. It is owing to this shortness and width of the urethra, that females are so seldom affected with stone in the bladder, for they are thus suffered to escape, before they acquire much bulk.

The KIDNEYS are two oblong glandular or secreting organs. One is placed on each side, within the upper and posterior part of the loins, upon the two last ribs. They are almost entirely composed of arteries, veins, and secreting ducts.

The URETERS are two small hollow tubes. One has its origin from the inner side of each kidney within which it commences, from a cavity called its pelvis, and each is, in the adult, about a foot in length. These tubes pass, from their origin, downward, and slightly inward to the urinary bladder, which they enter at its lower and back part near its neck, but in a direction so very oblique, that they pass several lines between the layers, or coats of that organ, in such a manner, that whatever distends the bladder, must close their apertures.

The URINARY BLADDER is situated in that lower part of the trunk of the body, which, in anatomy, is termed the pelvis, immediately behind and somewhat below the bony projection at the inferior part of the belly, the lateral parts of which form the haunches.

The bladder tapers at its fundus or upper part, but becomes broader downward, near its cervix or neck, and again very narrow at the neck itself; but this neck is so short, that the urethra, or canal leading from it, for the evacuation of urine, seems to take its origin from the broadest part of the bladder. The short neck of the bladder is embraced, especially at its inferior part, by a body termed the prostate gland; all the part behind, and above, is truly the body of the bladder.

The thin layers, or coats forming the bladder, are three; first, the peritoneal, which is merely a portion of the peritoneum, or general lining of the abdomen, or cavity of the belly, and which covers only the upper and back part of this organ. The under and forepart of the bladder, not invested by this coat, is surrounded by a cellular or membranous and fatty substance, which connects it to the neighbouring parts. The second coat, situated within the former, is a layer of a muscular nature, and capable of contraction, the fibres of which run in a circular direction, so that, by contracting, they can diminish the cavity and expel its contents. The third coat or internal lining of the bladder, is of a membraneous nature, with a smooth secreting surface, similar to that which lines other hollow muscular tubes, such as the intestines, &c.

### *Physiology of the Urinary Organs.*

Secretion and excretion are the principal functions of the urinary organs. The secretion of



urine is a process over which the will has no power ; but the excretion of it, in a state of health, is always, in some measure, under the influence of the will.

The kidneys separate the urine from the blood, by vessels, appropriated to that purpose, and this fluid is then conveyed along the ureters into the bladder. From the oblique entrance of these tubes into the bladder, their extremities act as valves, to prevent regurgitation when the bladder is distended with that fluid. There is a secretion from the inner surface of the bladder, which defends it from the acrimony of the urine.

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## CHAP. II.

### *Anatomy and Physiology of the Male Organs of Generation.*

THE wrinkled body, containing the testicles, termed in anatomy the SCROTUM, is composed of a membranous and cellular substance, invested by the common skin or integument of the body, having externally, along the middle of its inferior part, an irregular line called its raphæ, from which a sort of septum or partition proceeds inward, in such a manner that the bag is divided into two cavities, in each of which a testicle is lodged.

The TESTICLES are two glands, or secreting organs, each the size of a pigeon's egg, situated in the cavities just described. Before birth, these glands are lodged within the cavity of the abdomen, immediately before the kidneys. Each of these glands is supplied with blood from the descending aorta, or great artery, within the abdo-

men or belly, by means of a long and undulated vessel, called the spermatic artery, which is variously contorted and interwoven with the spermatic veins. These return the blood to the vena cava, or great vein within the same cavity. The substance of the testicle is of a white, soft, and apparently pulpy nature, but, in reality, consists of an infinite number of small tubes, called seminiferous, which, at the upper part of the gland, terminate in one general duct called epididimis.

Before describing this duct, it is necessary to observe, that the glandular bodies which I have just described, are not thus left naked in the cavities of the scrotum. Each is provided with three coats; an internal one called albuginea, which is smooth, white, tendinous, but exquisitely sensible, and immediately investing the glandular apparatus; a middle one, external to the last termed the vaginal coat, which, after involving the testicles, accompanies the spermatic vessels, in their progress through the muscles of the abdomen; and a third, or external one, which is continued from the muscles last mentioned; is itself muscular, and receives the name of cremaster; this is fixed around the second or vaginal coat.

The convoluted tube called the EPIDIDIMIS, has its origin from the outer and posterior part of the superior end of the testicles, and, as it descends along the outer and back part of the testicle, without coming into contact with it, becomes larger in diameter, but less convoluted, till it reaches its lower part, where it immediately begins to re-ascend, and, forming a straighter tube, assumes the name of the vas deferens.

The VAS DEFERENS, thus proceeding from the lower part of the testicle, is enveloped in the same membraneous sheath with the artery and vein already described, and forms, with them, the SPERMATIC CHORD. They run together upward,



over the os pubis, or bone forming the transverse arch at the lower part of the belly. enter the abdomen by a small aperture placed a little above this, called the ring of the abdominal muscles, and, separating from the vein and artery, which continue to pass directly upward, the vas deferens throws, as it were, an arch backward over the lateral part of the bladder, at the posterior inferior portion of which it joins, in its respective side, a body called vesicula seminalis, on the inner side of which it passes forward to the commencement of the urethra, or outlet of the bladder, into which it opens, after perforating a part of the prostate gland.

The VESICULÆ SEMINALIS are two oblong irregular bodies, situated at the under back part, near the neck of the bladder, or rather between that part and the rectum, or termination of the intestinal canal, which is here placed between and behind it, and a little above and behind the prostate gland. These bodies, adhering to the bladder, diverge at their upper part, and unite, in an angle, at their lower, so that it is between them, in some measure, that the rectum is here situated; and thus a sort of depression may be observed on that part of the bladder. Each vesicula seminalis is composed, not of numerous cells, as they would seem to be, but of one continuous convoluted tube. It does not, as has been supposed, form a continuation of the vas deferens, for that tube only passes laterally along it, and it opens, into the urethra, at the neck of the bladder, or commencement of the urethra. Between the opening from each vesicula, and at the middle of the prostate gland, is situated an eminence called caput gallinaginis, or verumontanum; and this body, it has been supposed, has the power of occasionally shutting each orifice of the vesicula.

The PROSTATE GLAND, is a firm glandular body, about the size of a large chesnut, which lies entire-

ly within the pelvis, and wholly surrounds the neck of the bladder. It is formed of two distinct lobes, or rather, it is very much flattened in the centre upon which the rectum lies, and it possesses numerous ducts, into which bristles may be easily introduced.

By introducing two fingers into the rectum, this gland may be easily felt, and, to the touch, it seems a hardened or indurated substance.

Immediately where the gland ceases to surround the urethra, and where the caput gallinaginis or verumontanum is found, the urethra assumes the name of THE MEMBRANOUS PORTION OF THE URETHRA, which is rather more than an inch in length, lies immediately under the middle of the arch of the pubis, is thin, and easily and often ruptured by introducing a catheter, sound, &c. into the bladder. As a considerable protection to this delicate portion of the urethra, it is supported and firmly attached to the arch of the pubis, under which it turns, by a strong triangular ligament, which, as it rather alters the course of the urethra, renders the difficulty of introducing the catheter, &c. greater.

Where this membranous portion terminates, that which is called the BULBOUS PORTION OF THE URETHRA commences. This bulbous portion occupies all the perinæum, and ceases where a muscle, called the accelerator, terminates, or where the skin of the scrotum begins to hang loosely.

The URETHRA is lined by an exquisitely fine, delicate, and susceptible membrane, somewhat similar to that of the mouth, nose, intestines, and bladder. This canal has its commencement from the neck of the bladder, and terminates at the orifice of the glans penis. It is, in the male, about twelve inches in length, though the length is very different in different individuals. There are, upon



its surface, a great many small oblong orifices of various sizes, called *lacunæ*. These enter obliquely or slanting forward into the urethral canal, and are the openings from glands situate immediately under the membrane. Throughout its length, immediately under the membrane, it is plentifully supplied with these small glands, especially on the under part of the urethra, and near the neck of the bladder, at which place they are largest. Cowper's glands are three in number, of which two are situated on the sides of the canal, and one on the middle, rather anteriorly to the rest, so as to form a sort of triangle.

The membrane of the urethra is of a whitish colour, and a striated appearance, in consequence of folds which run along its whole length. In these folds are numerous glandular *lacunæ*, extending slightly under the membrane. The folds are capable of great dilatation, by which the passage may suffer considerable distension with impunity.

This membrane is easily wounded by the unskilful introduction of the catheter, bougie, &c. in consequence of which blood may flow freely from the cavernous portion of the urethra.

THE BODY OF THE PENIS is principally composed of the *corpora cavernosa penis*, and the *corpus cavernosum urethræ*.

THE CORPORA CAVERNOSA PENIS are spongy or cavernous, as their name indicates. They take their origin, on each side, from a bone called the *os ischium*, and from the sides of the arch of the pubis, where they are named *crura*. They unite under this arch, which is merely the inferior side of the transverse bony arch, at the inferior part of the belly, to which they are connected by a ligament, and they lie parallel to each other, like the two barrels of a double barrell'd gun. These *corpora cavernosa* join, throughout their length,

at their inner sides, which thus form a sort of septum, while the two bodies themselves constitute the greater part of the penis, of which the upper part is called the dorsum. The corpora cavernosa are surrounded by an extremely strong ligamentous sheath. These bodies terminate at the back part, or root of the glans, or extremity of the penis, which is invested by the loose skin termed prepuce. The cells of these cavernous bodies form ready communications with each other. They are also elastic and flexible, so that, on the penis becoming erect, they readily admit into their cells a considerable quantity of blood, from the *pudic artery*. The cells, thus filled with blood, enlarge the penis in all its dimensions—its flexibility is lost and it becomes rigid like a bone; but, when the erection begins to cease, the elasticity of the cells enable it to contract to its usual size.

The CORPUS CAVERNOSUM URETHRÆ, placed inferiorly to the last mentioned parts, lies in a groove, betwixt their under and inner surfaces—is enlarged at both extremities, and slender in the middle—the end nearest the bladder being little connected with the other two, except by cellular substance. The body termed the bulb of the urethra, which tube it surrounds in its course, runs under the corpora cavernosa, to the end of the penis, where it terminates in the glans.

The GLANS PENIS is covered by a delicate and exquisitely sensible membrane, fitted, in every respect, for the finest impressions. This body resembles, in its structure, the corpora cavernosa, of which it is the continuation; but its cells are more compressed, and, consequently, smaller than those of the corpus cavernosum. They are beautifully interwoven with a greater number of arteries, veins and nerves, than any other of these cavernous parts.

The PREPUCE is a duplicature of the integuments



investing the penis, which may be conceived to pass forward, from the external part of that body, and again to return, forming an inner layer under the external one; both of which thus cover the glans. It has nothing peculiar in its structure, except that small follicles on its inner surface, secrete a sebaceous matter.

The whole body of the penis is covered by a *tendinous fascia*, which, while the penis is in a state of erection, compresses and binds together the parts.

On the upper part, or dorsum of the penis, are *two arteries* and *one vein*: the vein is called *vena magna ipsius penis*. The arteries proceed from the umbilical ones, and the vein carries its blood to the illiac veins. In their course, they receive small branches from the whole body of the penis.

The MUSCLES of the penis are the *erectores*, the *transversales*, and the *acceleratores*.

The *erectores penis* have their origin from the protuberances of the ischia, run along each side of the penis, and are in their course lost in its cavernous bodies.

The *transversales penis* also commence from the ischium near the origin of the *erectores*, and are inserted on the outer side of the bulb of the urethra.

The *acceleratores* seems a single muscle. It involves the bulb of the urethra with oblique diverging fibres from its centre. It has a tendinous commencement from the cavernous body of the urethra, and terminates in a broad tendon on each side of the penis.

### *Physiology of the Male Organs of Generation.*

PREVIOUS to puberty, the voice is shrill, as in the female, and there is neither beard nor secretion of semen. When, however, that period arrives, the voice acquires a more masculine tone,

—the beard, and mustachios grow—the pubis is covered with hair, and, the semen, being also secreted, the male is then able to propagate his species.

The semen is secreted by the testicles from the blood which is conveyed to them by the spermatic artery, and, after this operation has been completed, the superfluous blood is carried back into the circulation by the spermatic veins.

This secretion of semen proceeds without our consciousness, yet certain states of mind excite the testicles to an increased action, far beyond that which they usually possess.

The vas deferens conveys the semen from the testicles to the urethra.

The vesiculæ seminales, which secrete another fluid to be blended with the former, also empty themselves, with a sort of pulse-like contraction, into the urethra, from which it is similarly forced in the same manner at the height and crisis of coition.

From John Hunter's experiments, it seems very conclusive that the *vesiculæ seminalis* is not the receptacle of the semen, after it had been secreted, and before it is emitted, but I think he is not warranted in his conclusion that the bulb of the urethra is the receptacle.

Although we probably have but an indistinct knowledge of the changes, which the seminal fluid undergoes, after it is secreted in the testicles, and before it arrives at the urethra; yet as every secretion of the human body seems to have a receptacle before it is put to use, it is extremely probable that the astonishingly numerous convolutions of the epididimis is that receptacle, and that the vas deferens, and even the vesiculæ seminalis, have all a certain effect in properly preparing it for use.

The prostate gland, as well as the lacunæ of the



urethra, secrete a fluid, into the urethra by numerous ducts, and these are supposed to be the parts principally affected in gonorrhœa. This fluid seems to be a necessary part of the semen.

It is a curious fact that these three last-mentioned organs—the *testicles*, the *vesiculæ seminales*, and *prostate gland*, in such animals as have them, and which are influenced by particular seasons or periods of the year, for copulation, are greatly altered in their size at particular times. When the time for copulating approaches, the testicles, in a particular manner, increase in size, and diminish when that time has gone by. This, however, is not the case in man, who has no particular season for copulation.

The urethra serves the double purpose of being at once a passage for the urine, and for the semen, and is lined by an easily distensible membrane to allow their escape.

The small glands, under the membrane of the urethra, constantly yield a quantity of mucus to lubricate the parts, and to prevent the membrane from being irritated by the urine passing over it.

The prepuce exhibits a curious contrivance of nature. When the penis is in a flaccid state, at which time the sensibility of the glans is not called into action, the prepuce then covers it, and, in this way, its delicate surface is most effectually preserved; but when the penis is erect—when the glans is to receive the most exquisite and sensible impressions, the doubling of skin, which forms it, in consequence of being only large enough, while the penis remained flaccid, is now gradually drawn back, in proportion as the penis becomes enlarged, and is then only sufficiently large to cover that part of the penis posterior to the glans, while the glans itself is left entirely uncovered. At this period, the prepuce seems, as it were, gathered together with a cord, and fastened down

at the under side of the glans; this cord being termed the *frænum*.

Every individual organ, now enumerated, is subservient to the testicles, and while these are in a state of disease, all the parts, connected with them, suffer more or less from such disease.

The lubricating glands, on the inner surface of the prepuce, are seemingly designed to preserve the moisture and sensibility of the glans, and the lubricity is necessary to permit the prepuce to pass backward.

Erection is produced by the cells of the parts, forming the penis, being filled with blood, and thus the size and firmness necessary for the purposes of coition are produced. This blood is probably prevented from returning through the veins, by the strong action of the muscles near the root of the penis. The erection is strong, in proportion to the quantity of blood, and healthy action of the muscles. By the same distending power also, the *glans penis* is enlarged, and its sensibility is so much increased as to produce, during coition, the very highest degree of the delirium of pleasurable sensation.

The muscles, called *erectores penis*, are chiefly instrumental, not in the erection, but in the direction of the penis.

Those termed *transversales penis*, assist the *erectores*. While this seems one part of their duty, they are also employed, during erection, in preserving the cavernous bodies in a state of distension, as well as the urethra and the ducts situated near their origin.

The *acceleratores urinæ*, as compressing the penis, probably assists as much, if not more, in producing erection, than either of the other muscles.

The mind alone does not seem to have an entire power, either over the production of erection, or of our powers of coition. It certainly greatly



assists these acts, but, in order fully and satisfactorily to all parties to do these duties properly, there is a certain state of the body which must co-operate with the state of the mind.

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### CHAP. III.

#### *Anatomy and Physiology of the Female Organs of Generation.*

THE ovaria are situated, laterally, within the abdomen, and placed between the layers of the broad ligament of the uterus or womb, which is a continuation of the peritonæum or membrane lining the cavity of the belly. They are almost half the size of the male testicles, and are of a flattened oval figure. Like them, also, they are possessed of two arteries and one vein. The blood, furnished by them, comes from the aorta, and returns into the circulation, by the *vena cava inferior*.

THE FALLOPIAN TUBES are placed somewhat transversely within the same cavity, and hang loosely at the outer end, where they have an irregular termination, called *morsus diaboli*. At the other end each enters the uterus, and about the middle of each tube, at its lower edge, is attached one of the ovaria. The canal of these tubes is irregular, being, at its entrance into the uterus, so very small, that it is scarcely capable of admitting a hog's bristle, but, toward the ovaria, they become wider. Their common length is about three inches; but they vary in different women.

The UTERUS is placed between the internal orifices of the two fallopian tubes, and also between the bladder of urine before, and *intestinum rectum* behind. In its unimpregnated state, or rather before the female has had children, it seems a firm dense substance, incapable of containing more than the kernel of a small hazel nut, and its sides remain in contact. To its lateral parts are fixed the two round ligaments, which are dense firm substances, extending to, and supporting the sides of the common cavity. The uterus is of a triangular shape, and may be divided into three portions—the fundus, or that part of it which appears above the fallopian tubes, and is, in the unimpregnated state, on a level with the brim of the pelvis—the body, or that part of it which is between the fallopian tubes, and the cervix, or narrowing, which terminates at its most depending part, in an opening called *os tinæ*. It is lined with a delicate membrane, and is, throughout, a vascular body, of unequal thickness in different women.

The uterus, in common with the fallopian tubes, is supplied with blood, by numerous vessels which enlarge according to the state of that organ.

External to the *os tinæ* is the commencement of the VAGINA, which stretches from the external orifice of the uterus, to the external parts of generation. It is named vagina from its receiving the penis like a sheath. Like the uterus, it is placed between, and connected with, the bladder of urine and the rectum; particularly with the latter. This canal is generally six or eight inches long, but is of various length, as well as width, in different women; its sides lie in contact, and thus, during ulcerations, adhesions are apt to occur. It is capable, especially by the indulgence of lascivious thoughts, or in time of coition, of considerable contraction and relaxation. It is of a mem-



branous texture, and exquisitely sensible, full of rugæ or folds, in those who have not copulated very frequently; while these, in general, entirely disappear after frequent child-bearing. At its outer orifice, it is guarded by a muscle termed sphincter vaginæ, which is of considerable breadth, and various power in different women, and serves, in a great measure, to keep that orifice close; but the membrane being full of wrinkles within, render it capable of great dilatation, even without the slightest injury to the parts. During such dilatation, the rugæ are obliterated, which always happens during the birth of a child. They soon contract again to their former state, and this is a provision of nature to prevent the descent of the internal parts. The vagina is rigid in youth, but becomes flaccid in old age. Underneath this membrane are placed a great many small glands, with excretory ducts called lacunæ, and these are most numerous about the orifice of the vagina.

The HYMEN, or *circulus membranousus*, in the manner of a septum, closes the orifice of the vagina in infancy and childhood, and even in those more advanced in years, if they have never been married. Imperforated hymen occasions much distress; it causes pain of the back, head-ach, and general indisposition, and these abate, and then return, at the end of each month. Immense quantities of bloody matter are sometimes collected behind such obstruction, giving an appearance similar to that of pregnancy, and suppositions even of such a state, where the unfortunate female was not in a condition in which she could possibly be so. In some, the hymen is so very strong, that even the most determined and vigorous effort of the male is quite ineffectual in rupturing it. There is one case on record, of a married woman, twenty years of age, whose hymen was completely impervious; and the husband,

being denied admittance in the usual way, persevered with such patient industry, that he stretched the urethra so much that, on examination, it was found quite open enough for his purpose. Although the entireness of the hymen, be considered as a sure mark of virginity, yet it may often be burst without that being violated, even indeed by the slightest causes, such as scratching, and it may be found entire in the very worst of characters from adhesion. Neither its rupture, therefore, nor its entireness, are invariably to be trusted, as sure marks either of virginity or the contrary state.

The *CARUNCULÆ MYRTIFORMES*, are merely the remains of the hymen in married persons.

The *NYMPHÆ* are on each side of the aperture of the vagina, and extend upward, to a body termed the clitoris. They are largest at this part, which may be considered as their origin, and they almost entirely surround the vagina, while, toward the perinæum, they almost disappear. They are the miniature representation of the labia externa, of a vivid red colour, but change colour with circumstances. They are completely covered by the labia externa, and have a thin cuticle like the glans penis, and when in perfect health, they are full of delicate sensibility, which, however, like their colour, is regulated by circumstances. They are inflamed and turgid during the venereal orgasm, and at that time, rapturously grasp the penis. Their substance is spongy: they are smallest in virgins; while, in those who have borne many children, they are often of considerable length, even projecting beyond the labia; they sometimes grow to a very large size, so as to render their removal necessary. We ought not to operate on them with a knife, as a profuse and troublesome hæmorrhage ensues, but remove them by ligature.



The CLITORIS is placed at the upper part of the external parts of generation, and under the *mons veneris*. It takes its rise from the *os pubis*, on each side, by two bodies termed its *crura*. These form a cavernous body, which, like those of the penis, is divided by a membranous septum. Some muscular fibres are continued from it to the *os coxendicis*, and are named the *musculi erectores clitoridis*. The usual size of this body is, in general, somewhat less than the point of the little finger. It is, however, much larger, in proportion, at birth, and, in various instances, resembles the male penis. It possesses great sensibility, and, during our amorous encounters, becomes firmly erect. It sometimes acquires an astonishing magnitude. Fabricius says he saw one as large as a goose's neck, and we have many proofs on record, of women with large clitores who seduced young girls. Indeed the Asiatic nations, especially the Arabians, to prevent such unnatural connections, and preserve the chastity of their females, are in the habit of removing the clitoris, when of a large size. It is owing to this immense size of the clitoris alone, that the idle tales and marvellous stories of hermaphrodites have been circulated in the world—we have no such combination of the sexes, but from this cause. It is by no means uncommon for a midwife to be in doubt to which of the sexes the child, at birth, belongs, but this is completely removed when, on examination, we find whether or not there is an urethra—in the clitoris there is none.

The female URETHRA lies immediately under the clitoris. It is much shorter than that of the male, is straight, wide, and dilatable, and is surrounded by a muscle called the *sphincter*. In diseases of the bladder there is, of course, much greater ease in performing operations on the female than in the male. The external orifice of the urethra is dis-

tinguished by a small elevation, like a ring or small pea, seemingly covered by the same membrane with that which lines the canal.

The MONS VENERIS is the most external of these parts. It is that protuberance immediately over the pubis, and which, at puberty, begins to be covered with hair; this hair may be considered as an ornament, and certainly it must appear so to every one who has ever had the misfortune to see one without it. Thus uncovered, it is the most unsightly and disgusting spectacle a man can set his eyes on. Of the principal uses of the hair, on the mons veneris, that of preventing excoriation, and giving a more extended surface for evaporation, is probably not the least. The plumpness of this protuberance alters greatly in different women, and at different periods. In general, where the passions are most lively and strong, it is more full than in those where the passions are of a different description. In warm climates it often grows to a prodigious size. It is a curious fact also, that this eminence is fullest where the breasts are most prominent; and, in the decline of life, or from other causes when the breasts become thin and flat, the *mons veneris* partakes of the general decay.

The RIMA MAGNA is that slit or doubling of skin including all the parts now mentioned. The sides of the *rima* are formed of a continuation of the common skin and *membrana adiposa*, and are termed the LABIA, or lips. The lining of the *labia* is very delicate, similar to that which lines the lips, &c. and it is in them where chancres are most likely to be found. The blood vessels, seen through them, cause an universal and vivid redness. In young girls and virgins, they are firm, plump, and inviting—in the old, or in those of bad health, they are livid, and even almost approaching to a brown colour—they are not in-



viting. The *rima* commences under the prominence termed *mons veneris*, and continues till near the *anus*; the part between its termination and the *anus*, being called *perinæum*.

The general term applied to the whole external parts, from the *mons veneris* to the *anus*, including the *mons veneris*, *rima magna*, *labia*, *clitoris*, *nymphae*, *meatus urinarius*, and the *vagina*, is PUDENDUM MULIEBRE. The whole of these parts, indeed, consist of one system of folds, all of which seem to contribute to one end—the dilatation of the external orifice to assist in the passage of the child at birth.

The *pudendum* contains many lymphatic vessels, which, having a near communication with the inguinal glands, renders the chances of *bubo* in the female, by no means an uncommon occurrence.

In children, adhesion, from simple inflammation of the labia, is very frequent. We cannot be too attentive to prevent this by tents or any means, by which we can prevent the inflamed surfaces approaching each other, and should adhesion have taken place, which is more frequent in children than in adults, an incision must be made to separate them. Itching of the parts of generation is a very frequent complaint among females, especially among those who have acquired the habit of neglecting to wash regularly every day. It is often so violent, that a woman will rub the parts till they bleed profusely. Cleanliness, and the frequent use of the warm bath, with gentle doses of physic, and even blood taken from the arm, will relieve it.

### *Physiology of the Female Organs of Generation.*

PREVIOUS to puberty, the hymen is entire, the *mons veneris* uncovered with hair, the breasts are flat, like those of the male, and there is no secretion of menstrual fluid.

At this period, somewhat different in different countries, these wants are gradually supplied. Nature begins to ripen, the hair sprouts, the catamenia appear, and the bosom gradually swells, and becomes plump and agreeable to the sight. It is then that females appear in the highest degree, at once ornamental and useful members of society.

In action, the ovaria have been supposed to resemble the testicles of the male.

When they are extirpated, in consequence of disease, the woman ceases to menstruate — her breasts become flat, and she is thinner and more masculine. Dr. Hunter found teeth, bones, hair, and other unequivocal marks of a former foetus, in the ovary of a woman who had her hymen entire.

It seems ridiculous, amidst the uniformity, beauty and simplicity, of nature's operations, to suppose that the fallopian tubes are doomed to the double and clumsy office, of first transmitting the semen to the ovaria, and afterwards returning it to the uterus. It is far more probable, that, when the semen excites the womb, the ovaria sympathetically contract, or may be grasped by the *morsus diaboli*, an ovum is burst, and the fluid of which escaping, descends through the fallopian tube to the uterus. This fluid and the male semen meeting, at the *same instant*, is probably the *only* time when pregnancy follows.

The uterus performs an important function in generation—it is the receptacle of the semen, is destined to give adhesion to the ovum, and is the proper nidus in which the embryo is deposited to be nourished during the months of gestation. At a certain period its fundus contracts, with sufficient force to expel the foetus, while the cervix, on the contrary, dilates, and allows the child to escape.

From its vessels, too, the menstrual fluid is



separated, when in an unimpregnated state. These are the principal uses of that organ.

The vagina is at once the mere external organ of generation in the female, and forms a passage for the foetus at the period of parturition.

The excretory glands, placed immediately under the membrane of the vagina, are principally for the purpose of separating a mucous matter, particularly during copulation, for the purpose of lubricating the parts; and by these glands the discharges, in leucorrhæa, and gonorrhæa are produced during these diseases.

The muscle, called the sphincter of the vagina, becomes stronger in after life, and renders the hymen of less use in closing its aperture.

During coition it grasps the penis and swells the surrounding parts by compressing their vessels. It is also useful in preventing the descent of the superior parts.

The nymphæ seem to direct the stream of urine, and, in addition to the divided portion of the clitoris, seem to aid in closing the vagina, and, in time of coition, also to grasp the penis. They are exquisitely sensible, and, being cavernous and vascular, they are apt to become erect. They also serve the purpose of folds, which, in time of coition are calculated to afford mutual pleasure, and during parturition, are capable of great distension, without laceration.

From the delicate structure of the clitoris, and its extreme sensibility, it is the principal seat of pleasure during coition. When titillated, it becomes erect, and the portion of it, which runs round the margin of the vagina, swelling, it grasps the penis with rapturous ardour.

Indeed the penis, in the male, and the clitoris of the female, seem, in some respects, to resemble each other—they are both possessed of similar sensibility—are both capable of erection, and each

of them can support these states till the action, excited during coition, alters the sensation.

A very ridiculous notion is not unfrequently entertained that the venereal paroxysm, in the female, terminates by an emission of semen. The impossibility of such an occurrence is evident, when we recollect that a female has no seminal vessels. That a certain sensation is produced, in the female, which terminates the paroxysm, is certain, and there is also a considerable discharge of lubricating fluid, but that can alone proceed from the secreting mucous glands.

I shall now proceed to a consideration of the discharge termed menstruation, or menses, it having been so called from its occurring once a month. It is also occasionally designated catamenia, courses, flowers. The fluid discharged is of a sanguinous hue, it occurs in every woman, not pregnant, or not giving suck, and its regularity is absolutely necessary to health.

In the climate of Great Britain, it usually appears, from about the fourteenth to the sixteenth year, and continues in monthly recurrences, till about the forty-fifth year. This, however, varies in different persons, as it sometimes commences before the above period, and sometimes not till the eighteenth year, or even later; but these variations, *when the general system is affected by them*, can only be considered as caused by, or as the cause of, disease.

Quite independently of disease, however, there is no other animal secretion more influenced by climate, modes of living, &c. than this. In Lapland, for instance, it frequently does not appear for four, five, or even six years later than in Britain, and, in the Islands of the Archipelago, and other hot



hot climates, its commencement is by no means uncommon, several years earlier than in Britain. The quantity discharged too, in these different countries, is various. In Lapland, about half an ounce is usual at each recurrence. In Britain, there is discharged from four to six or even eight ounces, and, in warmer climates, twenty ounces, at each period, is by no means uncommon.

The quantity is also greatly influenced by artificial heat, and luxurious living, thus cooks usually have it very profusely.

It is worthy of remark that in those who begin to menstruate early in life, from situation, living, &c. they, in general, finally cease to do so several years sooner than those who do not begin to menstruate till later in life.

It is wholly owing to the commencement and afterwards, in a great measure, to the regular recurrence of this evacuation, that the female is capable of procreation. Thus, in hot climates, she is fit for all feminine occupations by her tenth year, but in Britain, from the fifteenth to the sixteenth year is necessary, and, in Lapland, she is hard as a horn, till about her twentieth year.

We also find that scarcely any female will conceive, immediately previous to each succeeding flow of the menses, but is most apt to do so immediately after it has ceased.

It is a matter of the utmost importance to be particularly attentive to the length of time the discharge continues at each period—its mode of approach—its cessation at each recurrence, and consistence of the fluid evacuated.

In Britain, it ought not to continue less than three, nor more than six days at each period—it ought also to flow freely, without any sort of pain; for, if accompanied by pain in the head, back,

or

or elsewhere, there exists some diseased action in the parts, which ought to be removed without loss of time.

It is also most natural when it gradually and constantly exudes, until it finally ceases, and is not interrupted, from time to time, during the flow.

The matter evacuated seems neither similar to the blood taken from a vein, nor to that which flows indiscriminately from a wound inflicted on any part of the body. It has a resemblance to blood, but possesses principles quite different from that blood which naturally circulates in the body. I may, however, observe, that it is always a mark of disease, when the discharge is either of a thin and watery consistence, or thick and clotted.

We, therefore, cannot be too careful in watching all the above circumstances with much accuracy, that we may early check any irregular tendency, which is always easier done, than after either of these states have continued for some length of time.

When the menses first commence, various changes take place in the female system. The mammæ, and parts of generation, such as the mons veneris, enlarge, and hair appears on the pudendum—the passions are all altered, and indeed a new form and new feelings are given to the female.

Before the first menstruation, various temporary morbid appearances are frequently experienced—such as loss of appetite—paleness—the eyes are dull and heavy, with a blue or purple circle under them—the breath is foetid—there is a want of inclination for any kind of exertion—uneasiness in the back and lower belly, with some degree of tumefaction in it, and in the groins—and heat in the parts of generation is not unfrequent, with hysteria in various forms.



Even when once this discharge has been fully established, many ladies have peculiar feelings, warning them of its monthly recurrence. Various symptoms, similar to those which occur about the first menstruation are present. As the most frequent, we find a general weakness of the back and loins, with general languor. Those less common are, extreme feebleness, so as even to render speaking a burden—an unusual sensation of coldness for several hours, which is often preceded by diarrhoea, hiccup, sneezing, and sometimes vomiting, with extreme flushing of the face. Insanity has been sometimes known to occur at this period alone.

It is, in a great measure, in consequence of the regularity, or irregularity of menstruation, that a female enjoys the best health, or is subjected to the most tedious, troublesome, and, not unfrequently, fatal diseases. An entire suppression, a partial secretion, or a great and constant profusion of that necessary evacuation, all tend, at length, to load the system with similar infirmities.

To avoid much after distress, therefore, every female ought to be very punctual in her observation of every circumstance connected with such evacuation; because she is then peculiarly liable to fall into disease; indeed, the health may, at that time, be deranged, by circumstances which would not affect it at any other. It is, therefore, always prudent, at these periods, to wear a close under dress, to avoid cold, wet, dancing, immoderate bodily exertion, and all violent passions of the mind. Each period, also, should be particularly marked in a pocket-book kept for the purpose, in which every irregularity should be minutely noted. It is carelessness, or want of precision, in these matters, which lays the foundation of many of the most distressing complaints of the female.

Indeed I can imagine nothing in itself more complicated, nor could any peculiar function be engrafted on the female system, the irregularity of which is so dangerous to general health.

No physician will prescribe for a female, without first inquiring into the state of menstruation; nor will a surgeon venture to amputate a cancerous breast, without ascertaining whether it were just past or approaching. In every female complaint, we must know the exact state of this discharge, both in respect to regularity, due quantity, &c. (for it is a key to the female system, and index of the health), as regularly as, in the male, we would feel the pulse, or inquire into the state of the intestinal canal.

A wonderful alteration takes place in the economy of every female, at the final cessation of this evacuation.—The powers of propagation cease—the beard frequently grows—the breasts become flat, and the voice rough. Indeed she appears as if properly belonging to no sex, but approaches, in structure, more to the male than to the female.

Dr. Cullen's theory of menstruation seems equally erroneous with his opinions respecting the nature of several diseases of the generative organs. Allow him his doctrine of spasm, and he will explain *any thing*, but deprive him of that method of extricating himself, which he indiscriminately has recourse to, when in difficulty, and his hypothesis of these, as well as many other diseases, must fall. It seems to me that we may, with equal justice, and with as great probability, ascribe every operation, in the animal body, to the interference of spasm, either in a state of health or of disease.

Were we, even to admit that plan, our reasoning, in support of such hypothesis, could not be



less vague, than that which Cullen often adopts in support of his favourite doctrine. In short, his theory of menstruation appears equally absurd with that of Aristotle, who supposed it to depend on the influence of the moon, or that of the chemical physicians, who believed it to be caused by fermentation.

Nor will the rational physician allow himself to be persuaded that the flow is owing to a plethoric state of the system, as we find that the most weakly women often menstruate more profusely than the most robust. We also find that those who are pale, emaciated, and sickly, who nightly indulge in crowded assemblies till sun-rise—who pass all the remainder of their time in bed, except, perhaps once a week, take an airing (as they call it) in a close carriage—who never know the luxury of a keen appetite, but pick their meals like a sparrow—we find such almost always menstruate most profusely, and their general appearance is more of a leucophlegmatic than of a plethoric nature.

Menstruation, therefore, as Cullen supposes, does not depend on any particular force or action of the uterine vessels themselves, but is a consequence of a particular change in the *whole system*, at a certain time of life, different in different countries, and in different individuals of the same country; and the uterine arteries are naturally constructed for secreting the menstrual fluid (like other secreting organs, such as the kidneys for the urine, the testicles for the semen, &c.); although, in the interim, the general health of the individual has undergone no apparent change. When, therefore, suppression or retention of the menses occurs, the treatment must entirely be indicated by those symptoms, or by that general state of the body, which seems to

constitute the principal, perhaps the only cause of these complaints.

It may be difficult to explain what particular influence the ovaria have on menstruation, yet it is evident that it is considerable ; because, when the ovaria either cannot yet prepare the ova, when they become incapable of producing prepared ova, or when the ovaria are removed, there is no menstruation.

In consequence of the nerves within the pelvis, which influence the uterus, being pressed on by the child, before birth, or by disease, numbness, or complete lameness, is often the consequence. From this cause the recovery is extremely slow. I knew a case of this description. The lady became lame about the eighth month of gestation. She produced a stout healthy child, but did not recover the use of her limbs, so as to support herself upon them, for more than six years.

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## CHAP. IV.

### *Physiology of the Generative Organs common to both Sexes.*

HAVING thus given a brief description of these parts, and of their individual actions, I shall, in the same simple manner, describe them, when mutually assisting each other in the propagation of the species.

There can be no question that the healthy action of every individual organ now described, is absolutely necessary to the *right* performance of the generative process, because, without this, their natural state not being excited, they either cease to act, or act out of all regular order. Still we often find, even when these parts are consider-



ably deranged, that the offspring sometimes enjoys health apparently good. Although we thus cannot always trace the particular effects of such derangement in the action of these parts on the offspring, and sometimes, not very conspicuously, even on the organs themselves, till about the natural decline of human life (so deceitful are many of these morbid states) yet I cannot help being of opinion, that, owing to *these alone*, we only can account for the great variety of health, &c. which, at the earliest age, we meet with in one family. Thus we occasionally find that, during the existence of certain diseases of the generative organs, even sterility exists, or, at best, a weakly or unhealthy offspring, is the consequence, while, when the parts are restored to their natural action, the power of properly propagating the species returns. It, however, never can be imagined, that during these two very different states, of healthy and morbid action, a healthy progeny can, with reason, be calculated upon.

On the connection of the sexes, when the organs of both are tolerably healthy, every individual part is instantly, in a certain degree, under the influence of the mind, prepared to execute its duty.

The penis, fully erect, is grasped by the tensor vaginæ muscle, which at that moment is sympathetically excited, and is possessed of the strongest contractile power, while the clitoris being erect, and possessing an exquisite sense of touch, is the source of much delight, and the orifice of the uterus, or os tincæ, is then pressed very low by the abdominal muscles. During this, the action of the seminal vessels is greatly accumulated, soon the muscles, surrounding the urethra, are excited into convulsive action, and the semen is projected into the uterus by spasmodic jerks, which are repeated as long as there remains

mains any semen to be expelled. The increase of pleasurable sensation, excited at this moment, causes the fimbriated extremities of the fallopian tubes to grasp the ovaria, within which an ovum is immediately burst, and an albuminous drop, thus disengaged, consequently descends along the fallopian tube into the uterus, where, meeting with the male semen, the future embryo is formed.

Plato ridiculously says, that there is implanted in the genitals of man, an imperious, headstrong, inobedient power, which endeavours to subject every thing to its furious lusts ; also, that the vulva and womb of woman, is an animal, ravenous after generation, which, being baulked in its desires, for any length of time, is so enraged at the disappointment and delay, that it wanders up and down through the body, obstructing the circulation, stopping the breath, producing suffocations and all manner of diseases!!!



## PART II.

# PATHOLOGY.

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### CHAP I.

#### PATHOLOGY OF THE URINARY ORGANS.

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#### *Suppression, Retention, and Incontinence of Urine.*

THE urine ought always to bear some proportion to the quantity of drink we use. This, however, may sometimes vary considerably, according to the age or constitution of the person, or the temperature of the weather. Yet these variations are never so great as to constitute disease, but return to their usual state when the temporary cause, which induced them, is removed.

The disease termed suppression of urine, consists in a deficient secretion of that fluid, in consequence of some morbid affection of the kidneys. This may either arise from increased action of the vessels of the kidneys, in consequence of inflammation—from debility, or from their original mal-conformation. Our opinion respecting these states must be regulated by the pulse, and by other circumstances.

Retention of urine, is that disease in which the  
kidnies

kidneys perform their functions, but where the secreted fluid cannot be discharged.

Retention may easily be distinguished from suppression, by the distention of the bladder, above the pubis, and in the rectum, with pain on pressure being applied to the lower abdomen, and an evident fluctuation, when the hands are placed at these two points, and some degree of motion given to them.

Too long retention at all times occasions inconvenience, and, by its consequence, in debilitating the bladder, may sometimes be the cause of a most troublesome disease. This disease, when there is a frequent and troublesome inclination to void urine, and difficulty in voiding even a few drops, is termed *strangury*; when attended by considerable pain, we call it *dysury*, and, in the state of complete retention, it is called *ischury*.

This disease does not arise from one, but from various causes, often very opposite in their nature. It may alone be caused by certain states of the mind—by debility, in consequence of previous disease of the general system, and of the bladder as a part of the whole—by long continued full living, with the constant and free use of spirituous liquors—by spasm about the neck of the bladder, or total inaction of that organ itself—by tumours or obstructions in the urethra—by diseases of the glands of the urethra, such as the prostate—and not unfrequently it is the attendant of that natural decay of the system to which, in old age, we are all subject.

From these circumstances, it will appear evident, that it is absolutely necessary for us to ascertain what this complaint has arisen from, before we can be supposed to form a proper judgment of its nature.

Restraining the urine, even in the most robust habits, for a considerable length of time, after there



has been a desire to evacuate it, relaxes and deranges the action of the bladder, and causes retention. This, in certain habits, without any other cause, has often been known to continue for several weeks or even months.

It is indeed usual, especially in the old and debilitated, for retention of urine, to arise from a total inability, in the bladder, to contract, and, thereby, expel its contents—it may also arise from violent inflammation of the parts, and this is usually accompanied by a somewhat similar state of the whole system—while the existence of such inflammation, often causes thickening of the bladder, to such extent, that its whole cavity will not contain an ounce of urine. The pulse will most certainly indicate the presence of such a condition of the system.

From retention, the bladder is sometimes enormously distended; sometimes even one or more of its coats are ruptured; but extraordinary distention is most common. By such distention, the bladder loses its power of contraction, and thus the disease is constituted permanent.

Women are not so subject to dysury and ischury as men.

Incontinence of urine is a complaint quite the reverse of retention—the urine cannot be retained, but is continually dribbling from the bladder, and unconsciously falls from the urethra. It may arise from different causes, and exist in very different degrees of severity. It is, however, most commonly caused by debility of the bladder, or rather of the sphincter muscle of that viscus, and from irritation by calculi, lodged about its neck. It may also exist in consequence of certain diseases of the urethra, prostate, gland, &c. and thickening of the coats of the bladder, which often happens in a remarkable degree, from in-

flammation and other causes, is by no means an uncommon cause of incontinence; but these are not nearly so common affections as that first mentioned.

This disease is at all times tedious and disagreeable, but seldom dangerous.

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## CHAP. II.

### *Morbid Structure of the Seminal Vessels.*

FORMERLY, in compliance with established custom, I termed this morbid affection, *seminal emission*; but, having repeatedly found many of the very worst cases where the seminal vessels were so deranged, as to be incapable of secreting semen, and, consequently no emission could take place, I have substituted the present for the former title.

The human body is liable to no disease, which requires more attention, more patient and careful investigation, than those in which a morbid condition of the seminal vessels exists. The frequent occurrence—the alarming, and, indeed, dreadful consequences, often attendant on such states, ought, at all times, to induce the physician to employ much of his time and observation on this truly important subject.

The short span of human life is only to be preserved, with any degree of comfort to the possessor, by the strictest attention to the preservation of every individual organ, in the animal economy, especially those of a more delicate and important nature, and those nearly connected with immediate existence. It is erroneously, and often



most fatally supposed that, in order to fulfil this duty to ourselves, we have only to preserve the more vital organs free from injury, or disease, and that any kind of liberties taken with those, the derangement of which does not immediately derange the vital functions, is not of such importance. I, however, trust that such reasoning may be re-considered and weighed with much caution; for on the adoption or neglect of this, much of human health and human enjoyment depends.

A moment's consideration, indeed, will convince us of the necessity of such attention. We have only to reflect, that the continuance of our species is alone effected, while these parts possess a certain degree of healthy action, and that even the offspring, should there be any, of those under derangement of these vessels, from former imprudence, luxury or debauchery, are almost always weakly, and frequently diseased, and we shall require no other consideration to induce us to the exercise of such attention—yet strange that medical gentlemen will make the most careful inquiries respecting every other secretion, while not a question is put about the healthy state of this, on which so much depends.

Whatever organ of the body may become morbidly affected, we uniformly find that such disease is much more apt to affect parts naturally in a state of inaction, or rather those which have their actions confined to the mere circulation through their substance, than those which possess great powers of action or motion; and also the longer any organ of the body is in arriving at perfection, it is more easily affected by disease till it arrives at perfection, and such organs also require longer time and are attended with greater difficulty, before they recover from disease. These principles, indeed, may be applied to every organ of the body, and the seminal

vessels being included under both these circumstances, *viz.* in possessing no locomotion of themselves, and being long before they arrive at maturity, they are thus very liable to disease, and also with much difficulty and tediousness restored to health when in that state.

Every animal secretion implies the presence of a solid body, or secreting organ; and although every secreting organ can perform its functions under various degrees of vitiated action, it does not follow that such secretion, which may be sometimes increased, sometimes diminished in quantity, is healthy, but the contrary. Thus, from a diseased condition of the testicles, these organs may secrete too profusely—too sparingly, and, in either the one or other of these states, the fluid may be variously vitiated. Indeed it may be so vitiated, as to be wholly unfit for the purposes for which it is naturally intended.

Every one knows, that the increased action consequent on, or forming a disease in any part, or distinct organ, is less or more a cause of local or general derangement of such organ, but the opposite state of action—that of debility, without previous morbidly increased action, has never been properly considered as directly a cause of disease. It is true that, in many instances, most of the morbid actions of the body would never have existed, without the previously acute morbid derangement; but this does not disprove their being distinct diseases, many of them existing by actions wholly peculiar to themselves, and with this difference only, that pains of the body accompany the former, while pains, although not so common to the other, are comparatively of trifling consequence to those agonies of the mind, which, for instance, often accompany the disease of which I now treat.



In no disease, indeed, is a man's feelings so perfectly alive to his state—in none is its victims so worn down with their own reflexions, and so completely heedless of every thing, even respecting themselves, except their complaints, and in none is it so pressingly necessary to use every kind of delicacy and attention, and to meet with and provide for every circumstance which may annoy or distress the unfortunate individual. Those medical gentlemen, who have taken it into their head, that, by the force of drugs alone, every useful purpose may be effected in the removal of disease, have never had an opportunity of witnessing such complaints, and perhaps, in the hurry of professional engagements, have not had time to inquire into and examine their nature. Such affections, indeed, are wholly out of the common routine of medical practice—not that they are more mysterious in their nature, nor more difficult to comprehend, but that the medical attendant must give more time and attention, to inquire into every circumstance, than is requisite in any other disease, to which the human frame can possibly be subjected.

Like every other organ of the body, the seminal vessels have a certain round of action to perform, which, if undisturbed, they will continue to do through a whole course of long life. These actions will proceed with considerable regularity, even where sexual intercourse is altogether neglected; for the healthy secretion of semen, when it has proceeded to a certain extent, will naturally be thrown off without occasioning disease: but, like every other organ of the body, when subjected to continued extraordinary exertion, from whatever cause, their action is altered; they become diseased, and either cease to secrete healthy semen, become incapable of retaining it after it is secreted, or are entirely and irrecoverably rendered unfit for again resuming their office.

This irrecoverable state, however, I am glad now to say, is much less common than I once supposed. The disease is most frequently caused by habits altogether contrary to the laws of nature, and to habituate ourselves to such practices, by working up the imagination, and creating artificial desires, is always injurious; and the more delicate the vessels exposed to such practices, the more likely they are to be seriously injured. This observation is strictly applicable to the present complaint. Indeed, from the commencement of the unfortunate habit of self-pollution, which is the most frequent cause of this disease, there is seldom any desire for sexual intercourse; and although such desire should be felt, a repetition of these unmanly habits is preferred to natural connection. At length there is induced a great derangement in the digestive organs—a general lassitude, with a weariness, often approaching to pain, in the loins—the bowels become constipated, often in an alarming degree—the face pale, bloated, and cadaverous, and the body is generally flabby or emaciated, with coldness in the extremities. Then occur trembling hands, dim eyes, confused ringing in the ears, indistinct hearing, if not entire deafness, accompanied with frequent and violent head-ach. Drowsiness also exists, without the power to sleep, all attempts at which are interrupted by the most frightful dreams. Indeed the individual becomes terrified to go to bed, lest sudden death should be his fate; and, during the day, he is timid, fretful, terrified, and discontented; has violent palpitations of the heart, and, though he seems sensible of the cause of his distresses, is unable to abandon his habits, particularly while in bed. Under such a state, we often find instances of young men, who become delicate, without being affected with any particular complaint, and who are unhappy, but



know not the cause. They become effeminate—a complete state of imbecility, both of body and mind at length ensues, and, in some, the haggard countenance but imperfectly proclaims the distraction of the mind. I have no doubt that this general depravity, and these its consequences, at length terminate the existence of thousands, who are supposed to die from very different causes. This is a general sketch of these symptoms; but we must examine them more particularly.

Young men, of a good natural constitution, enter upon that thoughtless part of their lives, and very often by the advice and example of their schoolfellows, commence improper practices, heedless of what is to be the dreadful result to a very great majority of them. If they reason at all, they calculate, that they will escape, however much others may have suffered, and they thus proceed upon plans, which are, in their own way of reasoning, of a stable nature. A ruined constitution is the consequence, and then they could give an advice which is also disregarded by others till too late. I assert, with much confidence, that such improper practices, sooner or later, according to the original vigour of constitution, subjects the individual to a train of the most awful sufferings. One may be affected in a few months, another not perhaps for a year or two, but none entirely escape; they all at length precipitate themselves into an abyss which I should fail in attempting to describe. In some whose organs have arrived at that state of derangement which gives origin to such a complaint, the emission during connection is performed very variously. In the early stages, the emission is sometimes scarcely to be obtained, at least for a very great length of time; while in others, particularly in the advanced stages, the emission occurs inconceivably soon; indeed, some cannot at all perform

the act of copulation before it has taken place; while others, from the particularly morbid condition of the testicles, during which no secretion takes place, have no emission at all.

I have also frequently observed that different persons were in some respects affected very differently. Certain wanderings of the imagination, for instance, during sleep, cause erections—the secretion of semen goes on—the relaxed seminal vessels are unable to retain it, and, by the very slightest occasional cause, an emission takes place. In some also, very gentle friction, such as is caused by moderate horse-back exercise, or by their cloathes while walking, &c. or even an attempt to perform sexual intercourse, is instantly followed by an emission; while others, although during their dreams, they had from one to five or six emissions in one night, could use any kind of ordinary exercise without causing an effect of this kind; and whose various attempts, perhaps in the same night, to effect such an evacuation in the natural way, were quite ineffectual, even although the scene of action was often protracted, and the attempt still persevered in, for an incredible length of time.

Although these are the most common periods of the disease for such unpleasant occurrences to take place, yet I have often seen this reversed.

This is one of the many proofs of the impossibility of applying general rules, too often had recourse to in considering diseases and their treatment, and not more particularly attending to the individual peculiarities which, often, in the most unaccountable manner, are to be found in the world. Thus while some propel the semen vigorously, even in advanced stages of the complaint, in others it comes off almost without his being aware of it.

Fleshy excrescences, and even abscesses some-



times break out about the anus, and at the same time there is often also felt a degree of irritation or itching, about that part of the urethra where the seminal vessels open into it, which is generally attributed to the presence of strictures, to a disease of the bladder, or of the prostate gland; when they are merely in consequence of diseased action in the seminal vessels themselves, and are removable by whatever restores them to their healthy condition. In more advanced stages there is often felt a stinging pain, occasionally darting along the spermatic chord, and also an almost perpetual seemingly rotatory motion felt in the testicle itself, causing a very great degree of uneasiness to the unfortunate patient. The scrotum is in general lax, and the testicles, (one frequently more than another), hang down much lower than is natural, and there is often a pain, or certain sensation, experienced in them of the most distressing nature. The external parts of generation also, in common with the rest of the body, suffer considerably. The penis is shrivelled, and there is often discharged from the urethra, a sort of thinner fluid than semen, especially while at stool.

We shall find this shrinking of the penis a very frequent occurrence in these cases, because it is closely connected with the existing state of the seminal vessels. Thus, in castrated animals, the parts forming the penis, shrink in a wonderful degree. Indeed, I have met with many instances where the penis, although formerly of a full size, had become so small that it could scarcely be seized between the finger and thumb, and, on the seminal vessels being restored to health, the penis again resumed its former size.

Some individuals are incapable of the slightest erection, while others have the most painful

erections every night while in bed : often altogether unaccompanied by any desire for sexual intercourse.

These not only prevent the due refreshment from sleep, but before morning, reduce the parts to a disagreeable state of painful feeling, from which they scarcely recover before the following night, when, from the same cause, they relapse into their former state. Indeed such sleep as is obtained, yields no sort of comfort or refreshment, for the individual almost always feels languid and oppressed, even on getting out of bed ; and there is an occasional sort of burning hectic, alternated by a sensation of cold running down his back, toward the loins, which continues to wear away his strength.

The most dreadful effect of this disease, even where the mind is still alive to the extent of the patient's own wretchedness, is certainly where a sort of indescribably painful twitching is felt in some parts during the intervals, and a convulsion of the whole body is experienced immediately after each emission. He is even sensible of, and yet is unable to put a stop to it ; his body is drenched in cold sweat, he is oppressed with a most distressing faintness, and total inability to move the position of his body, and his extremities often, for hours after, lose, in a great measure, their sense of feeling.

Such is the alteration which this disease produces, particularly in inveterate cases, that its victims become totally different in every respect, both bodily and mental, from what they formerly were. The body is reduced from the utmost state of strength to the greatest possible degree of debility ; in some it is bloated, in others haggard ; but in both there is a paleness accompanied by blue blotches on the face, and often ulcers on the body, which, added to their horror of mind, even



as depicted in their countenance, far exceeds the power of description.

It is scarcely to be credited, except by those who have frequent opportunities of witnessing it, what an astonishing effect this morbid state of the seminal vessels has on every faculty of the mind as well as on the body. While the bodily form fails,—while the eyes sink in their sockets, and the vision is languid and indistinct—while he is susceptible of cold and easily affected by changes of the weather, the senses also partake of the general wreck, and are either altogether depraved, vitiated, or destroyed. The memory generally fails first—then the sight, the hearing, and every faculty of the judgment are gradually, all, less or more, impaired, till the sufferer is reduced to an almost complete state of idiocy. Thus unfortunately situated, he is perpetually overpowered by the most painful and dreadfully melancholy gloom ; he takes no delight in the society even of his greatest friends ; and, in constant anguish and remorse, with perpetual restlessness, often sheds tears at the recollection of his wretched situation—he pines in solitary and unavailing misery—none know his distresses, and none can pity him. If in company, he is often absent, dejected, and takes no interest in the general conversation. He even loves to brood over his misfortunes ; magnifies them, if possible ; is perpetually miserable, both awake and in his dreams ; he is gloomy, morose, and suspicious that every person is laying plans for his destruction ; his feelings are indescribable, and he is in perpetual terror, he knows not for what.

One gentleman, very much affected in this way, assured me that he could compare his feelings to nothing so much as if he had murdered some person, and was closely pursued, and in perpetual

dread of being apprehended for the deed. In short, if there can be a condition of mind more fixed and more pitiable than what we understand by despair, it is to be found in this state. In no situation does language so completely fail of its power of description, as in this particular instance ; suicide is not unfrequently its consequence, with several instances of which I am acquainted, but cannot make any particular allusion to them, for reasons which will appear very evident. To one or other of these deplorable conditions, even the slightest affections of this kind at length arrive, unless they are checked in their progress, although often for many years the natural strength of the body may seem unimpaired. When, however, the general habit suffers in a remarkable degree, this is probably owing more to the previous state of mind, than to the morbid action of the parts alone.

Still even this is but a faint representation, compared to what is often observed in this complaint ; indeed, it is impossible to express the deplorable state into which I have seen many reduced. I shall, however, mention, in addition to the above, the feeble and intermittent pulse, easily accelerated by the least exercise, or even change of posture ;—feverishness, and all the symptoms of irregular hectic ;—loathing of food, pains in the stomach, almost continual and unvaried misery, or rather horror of the mind ; and not unfrequently, complete and incurable atrophy closes the scene ! Besides, even in this deplorable condition, I have scarcely ever met with any person, whose impropriety of conduct had caused involuntary emissions of semen, who had not felt a remorse of conscience, a shame which pursues him into the most secret recesses, which could not be even equalled by any other condition



of mind or body, from whatever other cause. Such persons are so ashamed of themselves, that they cannot assume resolution enough to disclose their situation, even although they may, by so doing, derive much relief. They studiously conceal it, they pine, and hate an existence in which it is impossible they can feel any comfort.

It is deeply to be regretted, that the common victims of this disease, are the most active, intelligent, and, strange to tell, those of the most delicate feelings; such, indeed, as might have been expected to adorn society; whose mental capability might have added a lustre to humanity, instead of being hateful to themselves, and burdensome to others.

Not only wrong opinions are entertained of the nature of the parts during this disease, but we find practical doctrines built upon these notions, and warmly recommended as models of imitation. Such proceedings cannot be too soon detected and exposed. Mr. B. Bell says, in page 227, of his first volume on venereal complaints, that, "instead of advising abstinence from women, I always inculcate as frequent connection as natural desires seem to require; and, when matrimony is in view, instead of being afraid of it, as often happens with this class of patients, from the fear of their not performing the functions of it properly, I uniformly hold it forth as the most certain remedy." Now, the disease most probably must have been the same in Mr. Bell's practice, as that which daily comes under my observation; and I positively aver, that, unless when the cases were indeed very slight, sexual intercourse, and even simply toying with women, have *alone* obstructed a cure, and that matrimony can then be productive only of chagrin and disappointment to both parties: such individuals being little calculated for matrimonial amuse-

ments. Of this every one who really has either seen or suffered from such complaints, and who neither feels nor writes by conjecture, must be aware. These indulgences may, however, be gratified, in moderation, and under proper restrictions, at a very advanced period of the cure. When the parts have acquired a tolerable degree of healthy action, and have continued in that state, the patient being still under the influence of medicine, I have not seen any remarkably bad effect arise from *very moderate* connection in that way. Indeed, it is my uniform practice, where I can conveniently do it, to recommend matrimony to my patients on their complete recovery, who, although about the commencement, and, for a considerable time, during the treatment of that complaint, they were unable to have any connection without the very worst effects, can now indulge with the utmost safety and propriety. Before the parts, therefore, have acquired a tolerable degree of soundness, this is *always* injurious, and it ought only to be recommended with the very greatest caution. It is like a person who, having lately fractured his arm, for instance, and being too soon anxious to prove whether or not that part had resumed its usual strength, attempts to lift a greater weight than he is able, which instantly renders the injury even worse than at first.

Although this disease and gleet are sometimes to be found existing, in one person, at the same time, yet they are not necessarily connected with each other, as we more often find them separately. When they do exist together, one of the most obstinate forms of gleet is that which arises from such a state of the parts; for the individual being conscious of moral turpitude, and at the same time allured by this singular gratification, perseveres in his bad practices, and conceals long the malady which entirely deranges the action of the seminal



vessels, gradually exhausts his frame, and destroys every mental faculty; till at length the interference of relations and friends, who are alarmed at the progress of emaciation and decay, his own intolerable weakness and dread of death, induce him to apply for medical advice.

When we are consulted by a person who has gradually become feeble and meagre, without any evident cause, though his appetite was good, or even sometimes voracious; who tells us that the organs of generation are feeble; that the slightest titillation excites disagreeable, if not even painful, erection, soon succeeded by seminal emissions and depression of spirits, or even, so torpid are the parts, that erection is, with much difficulty, produced, and in whom emissions, especially while in bed, occur without erection; that there is a discharge of thin, clear, slimy liquid, from the urethra; (though such emissions very frequently exist quite independently of such discharge), that there is great weakness and sometimes pain in the loins and joints; who denies ever having been affected with gonorrhæa, or any venereal disease; complains of no particular affection of the organs of generation, except absolute want of power; and whose stream of urine is undiminished; we need scarcely inquire farther; we know the complaint and its cause; the latter of which it is our duty to deprecate and prohibit; while we endeavour, by all possible means, to restore the health, and correct the habits of the almost unpitied sufferer.

This state of disease may sometimes be the combined effect of self-pollution and venereal affection: though I *now* suspect that such a state rather arises from the long continued debilitating effects of mercury, than from the disease itself.

Mr. Hunter, in common with every one else,

having no cure for impotence, nor indeed any method of relieving it, that disease comparatively speaking, seldom came under his observation. He says, in page 200, “ This complaint is by many laid to the charge of onanism at an early age ; but how far this is just, it will in many cases be difficult to determine ; for, upon a strict review of this subject, it appears to me to be by *far too rare* to originate from a practice so general.” Instead of this being a rare disease, I assert that it is a complaint of the most extensive nature, and is undoubtedly caused, in most instances, by onanism, at an early period of life. The individuals affected, equally ashamed at the disease and the means by which it was induced, almost always decline applying for medical aid till the symptoms actually threaten a most miserable and lingering death, and often even then attempt to deny the true cause of it. Another consideration which prevented Mr. Hunter and others from seeing much of the complaint, was probably the little or no benefit he could afford them. All other means thus failing of success, and, caustic bougies, the *universal remedy* in all seemingly inexplicable complaints, being introduced to remove them, it was also applied here, and, as usual, was *said* to perform cures. I may however mention, that I never yet, and I have seen perhaps more cases of this disease than most people, saw one, which depended solely on permanent stricture, to which alone caustic bougies can with justice be applied. Indeed the seat of the complaint is in the seminal vessels, or in the testicles, which we all know are beyond the reach of any sort of bougies.

I have at all times numerous cases, of the most dreadful nature, under my care, and am able to draw this conclusion, that, in every country, so far as my knowledge extends, where practices such as I have alluded to are indulged, this disease



is to be found. I, however, have remarked, that such habits, in warm climates, both increase the severity of the complaint, and render it, even after the return of the patient to a colder climate, (which ought at all times to take place), much more difficult of cure, than cases which exist only in colder regions.

I have distinctly observed, in some cases, particularly when the disease had arrived to a very distressing pitch, without any check being put to it by remedies, that a total revolution, as it were, of all the actions of these parts, and a regeneration of some of them, was absolutely necessary, before they could possibly be again reduced to health. No wonder that this disease was deemed incurable, since all the agents employed for that purpose were, comparatively speaking, totally incapable of nearly producing any such effect.

It has been contended by authors, and among the number by Mr. B. Bell, that seminal emissions, constituting disease, for the most part depend on the over distention of the vesiculæ seminales with that fluid, which, from the vesiculæ being compressed by hardened fœces, while at stool, occasions an involuntary discharge of that fluid. I, on the contrary, am certain that this never was the cause of such a disease; as the vesiculæ seminales is not the receptacle of the semen, and, therefore, this is only a slight mistake of Mr. Bell's. I have no hesitation in asserting, from careful and repeated observation, that, whenever seminal emission occurs while the person is at stool, although the health may in other respects appear good, it must originate from debility of the generative organs.

Mr. B. Bell however justly observes, that "*onanism* is a habit so baneful to many of our youth,

that I believe it to be more destructive in its consequences than a great proportion of *all the diseases* to which in early life they are liable;" and this he conceives to be entailed on their posterity,—of which I entertain not a vestige of doubt. It is indeed a melancholy reflection to a feeling mind, that the weakness and diseases which arise from imprudence, &c. should be entailed on posterity.

Many gentlemen, turned of forty years of age, and sometimes even earlier, who have lived rather freely, are not unfrequently, about that period, greatly altered in their powers of sexual intercourse. They may, indeed, in general health, be stout, and, for several years, not very sensible of their powers degenerating, but the frequency of their inclination, for such duties, gradually becomes much less, and that symptom is, at all times portentous of approaching impotence; for the inclination gradually and entirely ceasing, the power soon follows. In others, about the same time of life, the physical power ceases first (which occasions a most farcical catastrophe), and the inclination continuing, often for many years after, they are obliged to gratify themselves in amusements which are the mere *pantomime of amorous indulgences!*—such individuals, otherwise in tolerable health, are recoverable.

From actual observation, I am convinced, that all these different states owe their origin, and even their immediate existence, to nearly the same cause, and may, in almost every instance, be removed by nearly similar treatment.



## CHAP. III.

*Pathology of the Prostate Gland.*

THE most common disease of the prostate gland, is swelling, or scirrhus; but I believe it does not often ulcerate, unless when foreign bodies, such as the catheter, bougie, &c. excite it to do so.

I am aware, that it is far from being fashionable for one, in the medical profession, roundly to assert, that this gland is not often found in a diseased state, but really I am very ill calculated to join in any opinion to the contrary, unless there be something to support it more than merely fashionable assertion. To bring the matter to a point—I shall willingly make a donation of ten pounds to any charitable institution, in any town or city in the world, for every case which can be shewn me, beyond *one* in any *one hundred* individuals, said to be affected in that way, which has not been caused by previous bad treatment.

When this disease does exist, it arises from long continued irregularity in living, accompanied by frequent and excessive venereal indulgences, and is always most virulent in persons tainted with scrofula. It is generally incidental to persons far advanced in life.

The symptoms are enlargement of its substance (which may be known by examination with the finger, by the rectum), and no considerable degree of pain, at least till the disease has advanced to a great height. There is, however, irritation, and, without being able to pass more than a few drops of urine at once, an almost perpetual desire to void it.

Although, then, the first effect of an enlargement of the prostate gland is a most distressing

retention, accompanied with great desire to void urine, yet, after the continuance of this disease, for a length of time, it is more commonly attended by incontinence of urine.

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## CHAP. IV.

### *Of Gleet.*

THERE is an affection of the organs of generation, accompanied by a constant mucous discharge, from the urethra, and generally unattended by pain. This is caused by such means as produce atony of the parts, and is at times accompanied by a seminal discharge. In modern times, this disease, is distinguished by the name of gleet, for the ancients termed all seminal, mucous, and purulent emissions, from the urethra, gonorrhæas.

I apprehend that a pathological distinction might be made between seminal weakness, or, more properly, a morbid flow of the fluids which contribute to the formation of semen, and that gleet which is merely of mucus, and probably wholly originates in the diseased mucous membrane of the urethra.

It is certain, that, what we now know to be mucus, discharged from the urethra, was anciently thought to be real semen; and some are even yet inclined to believe, that a flow of this last substance very seldom, if ever, amounts to disease. Where must both observation and judgment have been, when they formed such an opinion?

That there is often a most serious, and most distressingly diseased secretion of the seminal fluid, and even a deterioration of its qualities, I think, under the head of that disease, I have most



satisfactorily proved, and indeed we know, that such persons accustomed to indulge in the enjoyments of love, are sometimes visited during sleep, by nymphs of surpassing beauty, for whose sake they are very prodigal of the vital stream.

These alluring fancies, which seem to correspond with the vigour of puberty, or even are the effect of a certain diseased state of the body, then influencing the mind, excite all the emotions of the most ardent desire, delude the imagination with hopes of immediate gratification, and often produce, to the constitution, even worse consequences than the most excessive indulgence in venery.

We also know that the habit of self-pollution, induces such a distressing state of the organs of generation, that titillation of the parts, the slightest exertion, or even the operations of the mind, cause a copious involuntary discharge; and the same may be said of excess of venery, however pure the connection.

I know one gentleman who has been married fourteen years, who never had any venereal complaint, nor employed any unnatural means, by which disease of the seminal vessels could be caused. For the first four years of his matrimonial life, his sexual encounters were amazingly frequent—indeed, much more so than I had believed it possible for any man. About that time, however, he fell off very considerably, so as not to perform that act more than six or seven times each week. In four years more, eight years from the period of his marriage, his attempts to perform sexual intercourse (for now they were little more than attempts) did not occur oftener than once in fourteen days, and for the last three years, he has been wholly unable to do any thing of the kind. Still, in general health, he is re-

markably stout, being able to undergo very great personal exertion.

The mucous discharge is constant, and independent of erection; the seminal discharge succeeds slight erections, during and after which, the sensations in some degree resemble those of coition, and certainly does exist when there is neither gleet, nor morbidly abundant mucous discharge.

In gleet, from whatever cause, along with the continued flow of mucous matter, there often are erections, which may be succeeded by the morbid flow of mucus and semen together. Indeed, there seems to be sufficient ground to say, that self-pollution, and excessive venery, induce a morbid flow of semen, in general, before the mucous gleety discharge; and often, indeed, through a long course of disease, exists altogether without it; but that in gleet, the consequence of gonorrhœa, or of similar inflammatory affections, the discharge of depraved mucus has the priority, the former depending on the debilitated seminal vessels, the latter on the diseased mucous membrane of the urethra. Whether these affections are separate or combined, they must be treated by means, suited to the existing degree of debility.

Here a question naturally suggests itself: since certain sequelæ of gonorrhœal inflammation have sometimes been denominated gleets, and there is another affection not produced in the same way, nor preceded by violent inflammatory action, which, indeed, is purely the immediate consequence of debility, and is also, in the present age, universally called gleet; would it not tend to perspicuity, to confine the term gleet entirely to the latter affection, and call the former the second stage of gonorrhœa?

This perhaps might be scientific, and, if carefully attended to, would serve all the purposes of



practice; but, as both these affections, though different in their antecedents, exhibit the same general and local phenomena, and require similar treatment, and (which with me has considerable weight) as conditions of the organs of generation, and of the general system, requiring very opposite management, have already been confounded under the name of gonorrhœa, I am induced to think it more safe and more useful, to confine the term gonorrhœa to the active state of inflammation, and to denominate the other affections above mentioned, gleets. I see no more reason to give this sequela the name of gonorrhœa, than to call stricture gonorrhœa, which is sometimes another sequela of the same inflammation.

It is between gonorrhœa and gleet, then, that we must carefully distinguish. Nor does Mr. Hunter always attend to this—in name at least; for he advises, in gonorrhœa, when the violent symptoms have subsided, the use of turpentine, lyttæ, &c. (p. 86).

If any person, not carefully attending to what was said, had imbibed the idea that Mr. Hunter cured gonorrhœa by the lyttæ, what mischief to the patient, and disappointment to the practitioner, might have been the consequence! This is only to be explained, by considering that when these inflammatory symptoms have subsided, *gleet* commences. If, however, we examine Astruc, and others, we shall be convinced that such mischief on these occasions has actually happened.

A gentleman has lately maintained, that the matter of gonorrhœa differs from pus; “for pus,” says he, “has the same formed globular particles, when microscopically examined, as are observed in the blood; which method of examination I prefer to Ch. Darwin’s. Muscus, so examined, appears not to differ from gonorrhœal fluid; but

the discharge from buboes or chancres, has the usual appearance of pus.”\*

I suspect the author has confounded the matter of gleet with that of gonorrhœa, and we can perceive a palpable source of mistake ; for the matter of chancre and of bubo, is at one time glary, at another puriform ; so is the matter of gonorrhœa, in the loose acceptation of the term ; it would, therefore, be necessary, in both instances, to mention precisely the appearance of the discharges, the period of the disease, and condition of the sores, before we could rely on the accuracy of the observations.

We know that, by the microscope, living men, in miniature, have been discovered in the semen, an infinite series of rings in the blood, and, I would add, *much confusion in the brain !*

With regard to practice, it is not whether the particles, discernible by the microscope, in the matter discharged, have the same shape with those of pus ; it is not whether the same chemical phenomena result with trials from certain acids ; nor whether the matter be infectious, which afford much important instruction ; the information required for this purpose is, a knowledge of that change, either in the general system, in the parts diseased, or in both, which shall render a change of treatment necessary.—This appears to me the only sound basis of practical discrimination.

These two states of gonorrhœa and gleet, suggest a very rational ground of distinction ; and, in description, they have been distinguished by the virulent or malignant gonorrhœa, and the simple and benign.†

The gleety discharge is more viscid and clammy than that which flows from parts too actively in-

\* Wilkinson on a new method of curing gonorrhœa, p. 1.

† Falck, p. 117.



flamed for the secretion of pus. Thus, we endeavour to fix, as precisely as we can, the limits between gonorrhœa and gleet; but it must be confessed, that it would be often difficult exactly to point out where the one terminates and the other begins.

Here, however, we perceive two distinct states of disease, one in which the inflammatory diathesis prevails; another opposite to this, the *consequence* of inflammation. As they are opposite in their nature, so they require opposite methods of treatment; what will prove beneficial in the one, will be found hurtful in the other.

Some have conceived that gleets, properly so called, are generally the effect of tubercles, formed by enlarged glands, callosities, or enlargement of excretory ducts; but, in respect to the opinion with regard to the callosity and enlargement of ducts, how would they account for the cure of the disease being generally effected by suppurative inflammation? They cannot suppose that callous ducts suffer from sloughing, and that there is a regeneration, either partially or entirely, of these ducts; for there generally is no appearance of sphacelus, nor does analogy warrant the supposition of such regeneration. We should rather expect that these very minute ducts would be either entirely or partially obliterated, in consequence of inflammation.

Neither have we any right to suppose, that the gleety discharge is the effect of the simple enlargement of these tubes, for it is scarcely to be believed, that an excretory tube, merely enlarged in diameter, should become the conduit of a matter, different in properties from what it previously conveyed, since the matter of gleet is widely different from that of healthy mucus. It is not merely the diameter of the tube being enlarged, which can possibly constitute such a disease, but

the altered state of the healthy vessels, which, at once, enlarges that diameter and causes disease. Such cases are only recoverable, by recovering the healthy action of the enlarged vessels, and this is very possible, even although we should never be able to cause a sufficient contraction in their diameter, to make them appear what they originally were.

If we suppose that the small glandular bodies of the urethra being diseased, give out a morbid secretion, we shall conceive, at least, a possible, and even plausible, if not, on most occasions, the real source of the gleet discharge. The enlargement of these bodies will account for the existence of tubercles, which certainly have been found in the urethra, in as satisfactory a manner as we can account for the existence of buboes in the groin, from the swelling of the inguinal glands.

Others maintain, that gleet is the effect of ulceration: these have some analogy in their favour, for degenerating ulcers produce a matter similar to that of gleet.

This opinion was prevalent, at a time when it was not known that any surface, in a certain state of disease, could, as well as ulcers, produce pus; the presence of ulcers, therefore, was an assumption deemed essentially necessary to explain the phenomena.

Ulcers, inflamed glands, or any surface, in a certain state of inflammation, may form pus; and all of them, this state of action being changed, may form a matter similar to that of gleet, and of course, give origin to the principal symptoms of that complaint.

The formation of pus, however, is not clearly understood by pathologists and philosophers. Dr. Thomson, following others, says, in page 683 of the fourth volume of his *System of Chemistry*, "the liquid called pus, is secreted from the sur-



face of an inflamed part, and usually moderates and terminates the inflammation." The truth is, that any part, in a certain state of inflammation, forms pus; and when that state is altered, pus is not formed. It is not the pus which moderates the inflammation, but the change of condition in the inflamed part, which modifies the secretion.\*

Nor is it of much importance, in the treatment, to determine, whether the discharge arises from ulcers, or from the mucous membrane superficially diseased, since both in ulcers and diseased membranes, suppurative inflammation must be induced to promote the cure; and the remedies, for this purpose, as we shall afterwards be convinced, are, in both cases, the same.

It is not meant, that morbid discharges from the urethra never depend on such tubercles, excrescences, or ulcerations; for I have no doubt, that the glands of the urethra become enlarged, swell, suppurate, and produce morbid matter; and, in short, that ulcers, different in their nature, causes, and situation, all very often exist in, or are connected with, the generative organs; and that thence proceed discharges which resemble, or are even accompanied with, the proper gleet discharge. In my own practice, such has happened. I had a case under my care, in which the discharge was of a brownish mixed colour, and there were small round tumours, situate about an inch and a half from the external orifice of the urethra, which, during the active means used to remove the complaint, suppurated, burst externally, then disappeared, and the brown discharge ceased. Gleet depends on a variety of other cir-

\* As this morbid secretion, with regard to the laws of its formation, and its sensible chemical properties, is but too little attended to in general, I beg leave to recommend to the attention of the reader the account of it which is contained in Vol. IV., p. 683, of Dr. Thomson's invaluable work.

circumstances; and, after violent inflammation is induced, thick layers of coagulable lymph, with substances resembling skin or membrane, appear in the discharge, particularly after the application of caustic, and even during the operation of the internal administration of strong stimulating medicines; for then the membrane lining the urethra, &c. is believed to have sloughed off, in consequence of sphacelation. I only wish to maintain, what facts fully justify, that such causes of gleet exist much less frequently, than, at least, the older authors would teach us to believe, and that such appearances are frequently the effect of the remedies employed, than of the disease itself.

The same name, gleet, is also given to the second stage, or sequela, of the inflammatory state of gonorrhœa, for the symptoms, in both cases, become precisely the same, and in both the same treatment is required; indeed, the name would be immaterial, if the two states were distinctly attended to, so as to regulate medical practice; but both ancients and moderns confound them. To confirm this statement, I need not quote any one in particular, of the authors of former and present times.—We might appeal to all of them, for, in the works of all, the error is manifest.

Some of the moderns, knowing that the matter of gonorrhœa is infectious, and not knowing when it ceases to be so, refuse to be guided by the exact similarity of symptoms and of treatment, and, if the matter discharged be even supposed infectious, will not allow the disease to be gleet, whatever the atony of the parts of generation, and general debility may be; they might, however, in my opinion, as well maintain, that an inflammation of these parts, accompanied with a flow of pus, is not a gonorrhœa, because it has not arisen



from the venereal virus, or because it is not infectious.

Falck, author of an excellent treatise on the venereal disease, who very explicitly anticipates many opinions which Mr. John Hunter deemed peculiar to himself, details very accurately the symptoms of gonorrhœa and gleet, and yet he says (page 122), “ we find too often many with a continued running, and though it is called a gleet, yet it is, in fact, an old virulent clap.”

In the same manner, Mr. John Hunter says: “ the distinction between a gonorrhœa and gleet is not yet ascertained ; for the inflammation subsided, the pain going off, and the matter altering, are no proofs that the poison is destroyed.” In short, he maintains (page 100), “ that a gleet differs from gonorrhœa : first, by the absence of infection ; and, secondly, by a dissimilarity in the discharge, which,” he says, “ consists of globular bodies, floating or wrapped in a slimy mucus, instead of serum.”

The infectious nature of the matter discharged, is not a proper ground of distinction in practice, for we do not know, from appearances, whether the matter be infectious or not ; while, from whatever cause the inflammation is produced, our treatment must be the same ; nor is it of importance in this respect, whether the discharge, accompanied by the general symptoms of gleet, be infectious or not, since the general means are the same, by which the atony of the parts, and debility of the system, *however induced*, are to be removed.

If, as sometimes happens, in defiance of any means, the discharge of gonorrhœa becomes thin and watery, though it still retain somewhat of the colour and opacity of pus, and be unaccompanied with pain in the urethra, we are to consider gleet

as commenced, and must have recourse to more active treatment.

Mr. John Hunter, indeed, has something like this in view, when he treats of gleet (page 99). “ Whatever method has been used in the cure of the venereal inflammation, whether injections or internal medicines, it often happens that the formation of pus shall continue, and prove more difficult of cure, than the original disease.”

Perhaps there is scarcely any cause which operates so strongly in the production of this disease, as strong injections for the cure of gonorrhœa. Acrid injections also, for the removal of gleet, a practice by no means uncommon, and almost always unsuccessful, tend very much to prolong and increase that complaint: but, above all, the most frequent cause of gleet succeeding gonorrhœa, is the too common practice of squeezing the penis about the termination of that disease, to ascertain if there still remains any discharge. This plan is at once unnecessary, and generally hurtful; for, if secreted matter be there, it will make its appearance externally—if not there, squeezing the penis only tends to form it.

Gleet seems most commonly to arise from gonorrhœa, in consequence of impure sexual intercourse, or from the means used for its removal; not so commonly, and seldom of any long continuance, from somewhat similar discharges, originating from any other cause, however great the inflammation may have been which produced them, nor even from the most violent inflammation produced by the internal use of any kind of medicine.

In gonorrhœa the discharge often becomes thinner and less copious, and at times ceases altogether, but is renewed plentifully by slight exertion or exercise, especially exercise either on horseback or in a carriage, or by intemperance in eating and drinking. Thus re-produced, it often



retains its yellowish or puriform appearance, for months; it even happens, that the discharge is sometimes irregular, without any obvious cause.

After this state of those parts has proceeded for a space of time, of various duration in different individuals, at length the pain entirely abates, and the discharge gradually degenerates into the glary and mucous form, with evident atony of the urinary organs. This is confirmed gleet, and the most active remedies must be employed.

Gleet is uniformly, for some time after its commencement, a local disease, but in time it proceeds to affect the general system. Previous, but more frequently subsequent to this, seminal emissions sometimes accompany it, the body becomes pale, emaciated, and feeble, and the mind, not frequently, partakes of the general affection.

There is sometimes attending such affections, a settled pain, about an inch from the orifice of the urethra, often more severe at one time than another, which induces some practitioners to imagine, that it arises from an inflammatory state of the system, when it is simply a consequence of morbid action of the parts, and, with the disease, is uniformly removed by stimulating applications.

Sometimes, after impure connection, the first symptom is a copious flow from the urethra, while the other usual inflammatory symptoms can scarcely be said to be present; such a case, in difficulty of cure, and absence of inflammation, resembles gleet more than gonorrhœa; it is aggravated, too, by the antiphlogistic plan, and only removable by the stimulant, wherefore I class it among gleets.

Thus, I have considered gleet as a distinct affection, but it is of importance to consider it relatively to those affections with which it is found combined, or on which it may, in some instances, depend.

There is a certain inherent connection, and mutual dependence, maintained in all the organs and

parts of the living body, so that when one part is disordered, another also evinces signs of disorder. The laws of this connection and dependence, are still among the secrets of nature: but we find names for what we do not understand, and this fact is expressed by the term sympathy. According to this inexplicable sympathy, then, the organs of urine and generation participate readily in the affections of each other; and they extend their influence to other organs, particularly the stomach, which seems very much disposed to sympathize with them.

The morbid secretion of the mucous membrane also, seems, on many occasions, from the constant gnawing pain, stretching along all these parts, and from occasional attacks of the most teasing and distressing irritation, to extend even from the pelvis of the kidneys, to the termination of the urethra.

There is also a sense of weakness, and often of pain, in the region of the kidneys, extending along the course of the ureters, and gritty particles, most commonly resembling brick-dust, are discharged along with the urine, which often contains a great quantity of gelatinous substance.

GLEET is combined with almost every morbid affection of these parts—with that state in which calculi are formed—with spasmodic affections of the kidneys, bladder, and urethra—with thickening of the coats of these organs, and their canals—with enlargement and induration of the prostate gland—with induration, swelling, and even wasting of the testicles—not unfrequently with hydrocele, and the various herniæ—with strictures and obstructions, in the urethra, of every description, or in the other urinary passages, and with paralysis affecting partially, and sometimes totally, one or other of these organs.

These circumstances must very much modify



our procedure in the treatment, and regulate our judgment, with regard to our hopes of success. Nor are those means, which may be found very efficacious in removing or curing uncombined gleet, to be condemned, or deemed inert, because they fail in removing that complaint, when the discharge is only a subordinate symptom of some really more formidable disease. We might as well condemn cathartics, because, in some affections of the brain, the bowels are immovable by them. Neither are we to condemn a remedy, because a complaint may return. We may as well condemn mercury, because we are again liable to the venereal infection; or the whole practice of physic, because all mankind die.

All rational men know, that there is no specific remedy, no substance which can, in every instance, remove a given disease; for, owing to a variety of unaccountable circumstances, our hopes, in their cure, are sometimes frustrated, even when we thought ourselves most certain of success. We must, therefore, only look for such substances as are most useful in a majority of instances; and such are our best remedies.

No men, indeed, are more sceptical with regard to the efficacy of substances, applied to the body, either internally or externally, in the removal of morbid affections, than medical men; they meet with so many disappointments, and their hopes prove so often fallacious, that some even esteem the salutary change which succeeds the admission of a substance into the system, rather as a fortunate accident, than as a favourable event, operated by the powers of the substance. This, however, does not arise from the abstruseness of the subject, but from the abstract, and, consequently, unsatisfactory reasoning such men use.

To doubt, says an ancient philosopher, is to be

wise, but, on some occasions, to doubt, is to be incapable of judging. If a given change take place in the system repeatedly, only when a certain substance is administered, we have no more reason to doubt that this change is the result of an action, induced by the substance administered, than when an alkali and an acid are put into a vessel, and a salt produced, we have reason to doubt that this salt is the result of their combination.

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## CHAP. V.

### STRICTURE.

#### *Spasmodic Stricture.*

SPASMODIC STRICTURE almost always originates in consequence of previous atony of the parts. Hoffman was of opinion that atony is the parent of spasm. This is an affection of a very different nature from that which is of a *permanent* kind. Its approach, if not preceded by long and distressing irritation, is in general sudden, and often very violent; but, between its commencement and such states of violence, it often occurs in every degree of severity, extent, and duration. It may exist, in various parts of the urethra, at the same, or at different periods; but seldom, if ever, do such strictures become of a permanent nature, until a considerable time has elapsed, or irritating substances have been applied to them. These strictures also, if properly treated, never require the application of caustic substances, for their removal; but may, in every instance, however severe, be obviated by milder means.



The greater proportion of cases related in Mr. Whately's pamphlet on Strictures, were purely spasmodic. In some of them, however, permanent strictures, and, in others, an irregularity in the canal of the urethra, were formed solely by the ill-timed application of the bougie. The cases in Mr. Wadd's pamphlet were also, evidently, all of a spasmodic nature. Indeed, he wishes to prove this, but in many of them, even the spasm did not exist previous to the introduction of his bougies: that Sir Everard Home's were generally so also, I shall endeavour to prove. An unprejudiced perusal of these cases, will at once convince any one of the truth of what I now state. Yet, independently of these occurrences, even the existence of spasm, being the cause of obstruction in the urethra, has been strongly contested. By one it is asserted to be "an unmeaning metaphor—a vague substitute for truth—a something indefinable!—a cloak for ignorance!—a shield borne upon the arm of empiricism!"—To what a pitch of ridicule will pedantry expose its votaries!!

Previous to my investigations respecting gleet, and certain other affections of these parts, they were deemed irremediable, unless they yielded to the most common, though, at that period, the only means of cure which were known. When, under these circumstances, as almost always happened, the gleet could not be removed, it was at once concluded, that it existed in consequence of stricture; to ascertain this, a bougie was instantly introduced; the spasmodic contractions, which ensued, were alone caused by this application, and these contractions, frequently repeated, at length causing a deposition of indurated matter, ultimately became permanent strictures. This occasioned a train of new and cruel practice.

Spasm is apt to occur in every part of the urethra, from its external orifice to the bladder; nor

does it seem so much influenced by the action of the muscles surrounding part of the canal, as we, at first sight, might imagine. It has been supposed to exist, most frequently, near the bladder, but my experience does not warrant me to draw such a conclusion; for I have found it equally severe in every part of that canal. What must have greatly contributed to the opinion, that spasm was most frequent nearest the bladder, is the length and curvature of the urethra, which, from its anatomical structure, even in its healthy state, may present various obstructions to the passage of the bougie; or these contractions may be caused by the irritating property of the instrument alone. This may be easily explained, on the same principle that the eyelid suddenly contracts upon any foreign substance applied to it. We must, indeed, all be aware that foreign matter, of whatever kind, lodged in the urethra—whether bougies, disorganised, or highly diseased parts, must cause contraction to an extent proportioned to the diseased state of the parts, or to the violence, and want of judgment, employed with the bougies, &c.

Mr. B. Bell, of Edinburgh, whose experience was certainly great, in speaking of the effects of gonorrhœa, observes, that “the irritation produced in the urethra by it, is in some cases so very great, as to excite contraction of the passage in a very distressful degree. I have known,” adds he, “the urine so completely obstructed by this alone, as to give cause to suspect that strictures were formed of the most alarming nature, in which, neither staff, catheter, nor bougie, could be introduced, but with more force than can ever with safety be applied.” Sir Everard Home, in his opinion respecting the existence of permanent stricture, and his practice for its removal, never even notices this. I may, however, remark, that it is alone by the discernment of a medi-



cal attendant, that these different states of disease can be known, and consequently their entire removal scientifically effected.

Sir Everard Home, in mentioning the usual situation of strictures in the urethra (page 28), assures us, that, in his practice, there was *always* one about seven inches from the external orifice, whether there were others or not. In other words, he wishes us to believe, that the most common situation for permanent stricture, is certainly to be found at that part of the canal, where, from its natural curvature, there is the greatest difficulty in passing the bougie.

It is curious that in parts, in some respects constructed like the urethra, those gentlemen, who are so apt to discover stricture, have not more frequently found them; but, indeed, it is not improbable that this may be solely owing to the parts, such as the whole intestinal canal, &c. not being so liable to surgical treatment. It would bring no merit to the present numerous\* operators of permanent stricture, even to hint at the possibility of that disease existing in parts, such as those mentioned above, where they could not apply *their* means of cure. A bold step, however, has been made toward this, in the attempts to persuade people that they might actually be affected with stricture at the extremities of this canal (to them the caustic might be applied), viz. in the rectum and œsophagus; when it is probable that some hæmorrhoidal tumors were the cause of the one, and globus hystericus the other.

Allow writers on stricture, in the urethra, &c. to state their facts, and draw their conclusions from such facts, one not much versed in these matters, as is the case with most patients, will be persuaded that

\* I am glad to find that the number of advocates for this practice is on a rapid decline.

these facts and conclusions, seem, in general, to possess some degree of truth; but were truth alone in reality to be attended to, and were no man's vague and unsupported assertion admitted, let his assertions and pretensions be what they may, matters would be viewed differently, and more advantageously for every patient.

When the parts, by their diseased action, or from some peculiarity of constitution of the individual, assume a violently spasmodic action, and when the want of patience or want of discernment of the surgeon, lead him to mistake, in practice, all such obstructions for permanent stricture, and to act accordingly, the unfortunate individual is often reduced to a state of great wretchedness and misery.

We frequently find, that these obstructions do not appear for a considerable length of time, even after the membrane of the canal has assumed that state, which ultimately induces such a disease: but, during this interval, a disagreeable sensation, sometimes considerable irritation, is felt, in one or more parts of the urethra, and this often continues for months, when, at last, the irregularity or contraction occurs.

When stricture has once commenced, irregularity in living, exposure to cold, fatigue, or great exertion, particularly riding on horseback, all conspire to increase the disposition to contraction, and render the patient's feelings, at times, almost insupportable. The occasional, and in some, the almost continual straining, to void urine, is also peculiarly distressing. A continuance of this, augmented in proportion to its duration, at length actually produces fever, and this, combined with the state which the bladder assumes, by violent and long continued action, or perhaps from distention, arising from inability to void urine, brings their very existence into peril—even death,



from sloughing or mortification of the parts, occasionally happens.

Certainly, therefore, when we reflect on the many causes, to which strictures, of various kind and degree, owe their origin, and by which their existence is prolonged, we must at once perceive the absolute necessity for considering and relieving them in some scientific way—not by the farrier-like, I would say, inhuman methods, too commonly had recourse to. There is no disease, upon which more has been spoken and written than this, and none surely enveloped in such unnecessarily mysterious obscurity, and treated, in general, with such unscientific harshness. Under these dreadful plans of practice, it is inconsistent with every reasoning faculty of the human mind, to suppose that such plans should be so often successful as they are represented, and that none of those instances of human misery, certainly occasioned by them, but always attributed to other causes, should owe their entire existence to these plans alone—this, however, I shall endeavour to show.

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#### CHAP. IV.

##### *Permanent Stricture.*

WHAT I understand by stricture in the urethra, of a permanent nature, consists in an evident diminution in the capacity of that canal, in consequence of some substance being gradually added to it; and, although, from certain bodies irritating these parts, even this obstructing substance should suffer considerable contraction and relaxation, yet

the canal, at no time, can return to its natural dimensions, till this obstructing body be completely removed.

Various are the attempts of authors and lecturers, who treat of stricture in the urethra, to account for their existence without occasioning a narrowing of the canal, and much apparent ingenuity has been displayed in attempting to polish their assertions to give them the semblance of truth. They say the urethra is wider at some parts than at others, and that stricture may take place in the wide part, without causing a contraction in the stream of urine. Do they wish us to believe, that no alteration is produced in the stream, by the formation of strictures, in such wide parts? Surely they cannot so far forget the beautiful, and though abundant, yet economical, formation, of all natural parts. Nature forms no parts, which will admit of either additional formation or diminution, without such signs appearing, as even those who run may read. This is no rule to those who are determined to form opinions, and who, rather than fail in their purpose, will knock down every law of the animal economy and form new ones of their own.

At every period of the history of the venereal disease, the existence of permanent stricture, in the urethra has alway been, among the better informed part of the medical profession, conceived to be very rare. From time to time, however, men of considerable ingenuity and address have started up, who have judged it either right or convenient, to maintain a different doctrine. In short, there is perhaps no disease, the existence of which has been so often, in a great measure, doubted, and so often conceived frequently to follow one or other of the stages of gonorrhœa or gleet, or to be the consequence of treatment adopted for their removal.



Now, although Mr. Hunter informs us, in page 112 of his book on venereal complaints, that permanent strictures are generally attended with gleet, he does not, by any means, conceive this to be a diagnostic symptom, on which we are, without further investigation, to proceed to the use of caustic. But Sir Everard Home uses less ceremony; for, without any other symptom, or at most that of a slight spasm only, he introduces the caustic bougie into the urethra. Sometimes in one, at other times, in from *fifty* to a *hundred* applications, consequently after causing much torture, he at length arrives at the bladder. The inflammation, occasioned by this process, may accidentally remove the gleet, while a disease of a more serious nature is formed. This is to be regretted, as the gleet might certainly have been perfectly cured by much easier means. From this alteration in the state of disease, it is now termed stricture, treated and published as such, and is in this way either actually, at length produced, or believed to exist, much more frequently than it really does.

It cannot be too strongly inculcated, that permanent, as well as spasmodic strictures, are, by authors, asserted to be most commonly found about the curve of the urethra!! This mistake evidently originates in that part of the urethra being greatly incurvated, and therefore most likely to obstruct the progress of the bougie, in attempts to introduce it into the bladder. I think this, at least, a highly probable conjecture; and I have no hesitation in asserting, that the bougie thus arrested, or from its accidentally being obstructed by one of the lacunæ, has, in many instances, given rise to the supposition of stricture in these parts, and led to a painful and tedious train of the most cruel practice.

In giving an account of the dissection of those, said to have died, after the removal of permanent

stricture by caustic, there seems to be nothing in the cases which Sir Everard Home and others have adduced, to prove that permanent stricture ever existed in the majority of them. The parts, said to have borne the marks of stricture, might be, and I am convinced many of them were, alone produced by the cauterizing effects of the application *employed*, not by the disease which it was erroneously applied to remove. It is very worthy of remark, that the existence of caruncles and excrescences, formerly as much in *fashion* as permanent strictures now are, seems very doubtful. Nature has made a particular arrangement in the structure of all internal canals or cavities, that none of them will readily adhere or granulate, and, indeed, we know that mucous membranes, in general, such as the lining of the mouth, &c. even when ruptured do not form constrictions; on the contrary, the parts are speedily regenerated, and assume their healthy action. By a constant repetition of such violence, however, by the caustic bougie, for instance, the abrasion of the surface not being allowed to heal, the inflammation is protracted, often for a great length of time—the parts, of course, became liable to the usual laws of adhesion or granulation, and, like other parts of the body, adhere. The existence of these caruncles, excrescences, &c. were at length disputed, and the same symptoms are now imputed to *permanent strictures*. Sir Everard Home is quite aware of this fact; page 104, he acknowledges, that, “if any one will take the trouble to compare Daran’s cases, with those mentioned in this (Sir Everard Home’s) treatise, he will find that they correspond in the number and situation of the obstructions, and *only differ in the names given them!!*” A difference exists, however—Daran and his contemporaries removed them *without* caustic—Sir Everard Home and his



followers cannot do this, without *fighting their way* into the bladder, by the destruction of every thing which can oppose them : but the multitude must be amused, and some medical gentlemen know it—they know that there must be a TUB to amuse the whale!—and thus much subsequent sufferings necessarily inseparable from that, often cruel practice, are too often inflicted !

That such a disease as permanent stricture does exist, will not admit of doubt ; but that it exists much less frequently than some authors, who write on the subject, wish to persuade us, is equally true. I am sorry to be obliged to say, that great advantage appears thus to be taken of an opinion too generally prevalent among those, not connected with the medical profession, that this is a disease of very frequent occurrence. Almost every one who can write, publishes about it, throws out some allurements, by which perhaps he becomes a temporary favourite of the public, and thus the unfortunate patient's health, if not his life, is too often made the sport of surgical fanaticism.

Cases of gleet, of stricture, and of debility of the generative organs, are, *in practice*, constantly confounded with each other, and, for the most part, treated as permanent stricture. In the works of writers on this subject, innumerable instances of this sort are to be found, which, to particularise individually, would be a much easier than a pleasant task.

We find on record, that caustic has frequently been applied in cases where, at the commencement of the patient's passing water, it flowed in a full stream ; but, nearer the termination of that process, it became smaller, twisted, and often forked. Now, had there been permanent stricture here, *why did urine, even at first, pass in a full stream, or, indeed, at any time during that pro-*

cess? It must be evident, therefore, that, in such cases, no *permanent* obstruction existed. Thus, not unfrequently, the wretched patient had entailed upon him, by the incorrect judgment of his surgeon, an incurable disease; and this cruel practice was either persevered in, or he was at length dismissed, with an assurance, that he laboured under *diseased prostate gland, thickening in the coats of his bladder*, or something else, God knows what, which could not be cured! He generally, however, was supplied with a pocketful of bougies, and advised never to fail in procuring such temporary relief as their application could give! To be thus reduced is particularly aggravating, especially when, by more rational, and much less painful treatment, the original disease might have been entirely removed.

Permanent stricture may be induced by a bruise, caustic bougies, or similar applications; never, as has been too often incorrectly asserted, in consequence of gleet, incontinence of urine, &c. For except in the incorrect statements of those who write on strictures, we have no analogy in the human body, of parts uniting, but in a certain state of inflammation; and when that is reduced below a certain degree of action, and such states are always present in gleet, incontinence of urine, &c. permanent stricture *cannot take place*. In this state, however, spasm of the parts is a very common occurrence. It is only in such a condition of parts that spasm in general can take place, at least, to such a degree as to constitute those very obstinate cases of this disease, which we so frequently meet with. The continuance of this spasm very strongly, in length of time, causes some degree of inflammation, or inflammation may be caused by a large simple bougie, or by caustic, applied under these circumstances, and this removes the torpidity of the parts. This, however, with more safety,



might have been removed by other and safer means. Inflammatory action being produced, aided by strong, and often violent spasm, an indurated state of the parts is the consequence, and thus a permanently contractile power, and permanent strictures, are at length the consequence.

Permanent strictures, also may be produced, though not very commonly, by severe inflammatory action, however occasioned, in these parts, in consequence of long continued disease.

The disease called phymosis, or a contraction of the prepuce, so as to prevent its being drawn back over the glands, gave me a more perfect idea of permanent stricture, than any other circumstance; and, previous to my observing this disease, from its commencement, I conceived it a strong proof of the probability of permanent stricture being a very common disease. I however found, on carefully attending to its first progress, that its dilatation was easily effected; and when this practice was adopted, the contraction seldom arrived to any degree of severity; but, when allowed to take its course, it almost always at length required to be cut, because, from the increased indurated state of the parts, dilatation, was seldom capable of then effecting a complete cure.

Strictures, when they do exist in the urethra, occupy it all round, like a thin membranous partition of various breadth; they may also be confined to any particular side of the urethra, or they may exist by a thickening of the membrane, or of the spongy substance of the penis immediately below it, sometimes to the extent of an inch.

All membranes also, as well as the cellular substance which joins them to the contiguous parts, are often indurated and thickened, in consequence of previous inflammation, or bad treatment. This, happening to the membrane of the urethra, is one form of stricture which occurs in-

dependently of muscular action, and to explain which, we stand in no need of hypothesis.

Tumours also in the neighbouring parts, from various causes, occasion a greater or less degree of contraction in the urethra, which is certainly permanent while these tumours exist.

From whatever of these causes permanent strictures may arise, if they be not removed they will ultimately occasion a thickening of the coats of the bladder, and consequently a diminution in its capacity—distention of the ureters, and great derangement in the action of the kidneys. Enlargements of the glands of the urethra, which are assuredly most common in scrofulous habits, act, while in that state, in some measure, as foreign substances, causing permanent diminution, irritation in the neighbouring parts, and often violent spasmodic action. Under these circumstances, in our present deficiency of knowledge, by which glandular swellings are removed, I conceive the very worst cases of stricture, either spasmodic or permanent, to exist. We may alleviate either of these affections; but, from what I have stated above, a cure, in our present state of knowledge, is scarcely to be expected. Glandular swellings, in these, as well as in other parts, is a subject on which much is yet to be done. They may also exist from an indurated state of the corpus spongiosum, in consequence of previous inflammation. In health the cells of that body are thin, and elastic, but, after they have suffered from inflammation, they often lose their elasticity, they become thickened, and thus the parts remain permanently obstructed.

In the commencement of any obstruction, however slight, in the canal, from whatever cause it may have arisen, the diameter of the canal, being more or less narrowed, the patient must be sensible of its existence. Yet Sir Everard Home conceives it



difficult to ascertain the existence of an obstruction, without the use of bougies, unless the patient has been attentive to the usual healthy dimensions of his stream of urine. When we hear such reasoning adopted, were we not all acquainted with the usual width of those parts, we would be apt to imagine the canal of the urethra to be as wide as the port-hole of a seventy-four gun ship, where the narrowing of a few inches would scarcely be observed; but when we consider that this is not exactly the case, even independently of Sir Everard Home's having favoured the world with engravings of it distended with boiling wax, to at least one-third beyond its natural size—when, I say, we reflect on this, we are at once convinced of the impossibility of such a narrow canal being, in the smallest degree, obstructed, without occasioning a sufficient portion of the patient's attention, to make him at once apply for assistance.

Some degree of spasm may still continue for years in the part permanently contracted; but this can never be reckoned a consequence of the permanent contraction, but only a degree of the cause still existing, which probably at first actually produced such permanent contraction. Certain writers, however, on this subject, take quite a different view of it. They seem to conceive the spasm in this case to be a sort of symptom, or an attendant on permanent stricture. Here it is at least not amiss to observe, that the greater the uniformity of opinion that exists on any imperfect subject, the more tardily does it advance towards perfection; while to difference of opinion we are indebted for our most valuable truths.

Mr. Hunter also seems to labour under some confusion, in talking of the spasmodic affection, which sometimes attends what he terms permanent

strictures : he observes, in page 134, that “ there is sometimes this singular circumstance attending these cases, that when there arises a gonorrhœa, or any other discharge of matter from the urethra, where none was before, or an increase of the old gleet, the passage becomes so free, *as to allow the urine to pass as usual* ; but these are uncertain and only temporary reliefs ; for whenever the discharge ceases, the spasmodic affection returns. “ I think it,” says he, “ more probable, that it is only the spasm that is affected by the discharge, and not the real stricture ;” and he is right, for it is obvious that, under the above circumstances, no such thing as permanent stricture could exist ; if indeed there really had been such a thing, it must have been very slight, otherwise no alteration, but its entire destruction could at any time have allowed the urine *to pass as usual*. At all events, the spasm here must have been the principal disease, and might have been removed by proper applications, not by caustic.

### *Fistula in Perinæo.*

ALTHOUGH, by the term fistula in perinæo, is, in general, meant a sinuous ulcer in the perinæum, by which the urine passes ; it does not always stop here. In some cases, of long standing, there exists a series of callous openings, even from the anus to the scrotum. The scrotum itself is sometimes similarly affected with these sinuous openings, and the urine thus, finding its way into the cellular substance, penetrates deeply, and makes an opening in one or more parts of the thighs.

Although, however, several fistulæ may appear externally, they seldom, if indeed ever, owe their existence to more than one opening in the internal membrane of the urethra.



This disease may arise, either in consequence of local injury destroying the organization of the part, or from general causes, such as lues venerea; but it is most commonly caused by a greater or less degree of obstruction, in the urethra, to the natural passage of the urine. The parts posterior to the obstructed portion, are gradually distended, the membrane is at length ruptured, and the urine, finding its passage into the cellular and spongy portion of the penis, is thus the cause of swellings in the perinæum. These at length terminate in one or more fistulous openings, through which the urine flows; and also of occasional discharges of foetid matter.

It is also sometimes caused by the existence of an ulcer in the urethra. The urine, in such cases, finds its way into the perinæum, a tumour is formed, and this commonly terminates in a fistulous opening, through which the urine passes. At other times the urine passes into the cellular substance of the penis, and without forming a distinct protuberance, gradually stretches the whole integuments, and the scrotum, to a very extraordinary extent. A mortification of the parts, and even death, is not, in such cases, unfrequent. If this disease be taken at a very early period, the patient may reap some advantage from our exertions; but, from the immense distortion of parts, which soon takes place, little or no benefit is to be expected at a later period.

Although the urine may force a passage through the perinæum, the natural passage, of the urethra, is seldom, if ever, totally obliterated.

On the approach of this disease, pain is felt in the perinæum. The part next becomes inflamed externally—a red hard tumour is formed; and this, among those unaccustomed to the treatment of such complaints, is not unfrequently mistaken

for an abscess. This tumour at length often becomes as large as a hen's egg, assumes a shining appearance, and the skin seems ready to burst. Even under these circumstances, however, it disappears on the application of cold or other causes; but soon again assumes its previous appearance, and, at length, it discharges its contents, which are found to be urine.



## PART III.

## TREATMENT

OF THE

## MALE ORGANS.

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*Introductory Remarks.*

WHILE there are no diseases of such frequent occurrence, or of such high importance, as those either actually existing in the generative organs, or affecting the general system, in consequence of their long continued derangement, there are certainly none, in which our plans of treatment ought to be regulated with greater judgment, to suit the various constitutions which we meet with in practice, and the various changes which occasionally occur in our progress toward a cure.

In some of these diseases, especially in those which are primary, for instance, gonorrhœa, lues venerea, &c., there has too long existed a neglect of scientific discrimination, and an undistinguishing routine of practice, which has its antiquity alone to recommend it. In consequence of this recommendation, weak as it certainly is, scientific and beneficial innovations are ever timidly and slowly received.

With respect to the treatment of chronic affec-

tions of the generative system, they have, for the most part, been openly acknowledged to be difficult of removal, and the majority of the most respectable writers have even asserted the utter impossibility of their removal. The avowed want of all success, except perhaps of the most temporary kind, which has uniformly attended their treatment, is a proof which no unsupported assertion can overturn, that neither their nature nor treatment have been understood.

These affections, when nearly connected with the immediate parts, are those beyond which medical men have neither extended their investigations, nor advanced any useful practical doctrines. These, however important, (for important they are in their nature, limited even in this degree,) can never be compared to the dreadful ravages which, unless prevented, in both sexes, are at length invariably produced on the general system. In short, if any thing can stimulate to vigorous exertion, it is the recollection of the effect of our failure in the removal of these diseases. In them the whole catalogue of human miseries often seem concentrated in the haggard and emaciated fabric of one miserable individual; and what renders his situation lamentable beyond description, is the reiterated failure of those assurances of amelioration, which, at every change of prescription, he was confidently assured would yield him relief.

When we consider the reasoning (if reasoning it may be called), which seemed to indicate the propriety of the practice employed, we shall not be astonished at these failures being even more frequent than we are made acquainted with, or than at first sight they appear to be. The mistake principally takes place in the following way: when the body, from their continuance, becomes affected with extreme debility, and when the mind also partakes of the general decay, the disease is falsely



denominated *hypochondriasis*, or a violent *nervous affection*, or something else, which may permit some extremely difficult, or utterly unintelligible definition, and the escape of the practitioner from farther inquiry. For these, consequently, alleviation may be procured; but scarcely any mode of permanent relief.

Thus a long list of pretendedly incurable diseases has been invented—words have been substituted instead of facts; and the world is daily deceived by a repetition of similar mistakes.

During this absence of discrimination and of rational treatment, the worst consequences arise from the insidious nature of these diseases. Although, perhaps, for many years, the general health is only now and then violently affected, and although such a state does not threaten immediate dissolution, yet such affections are sure to increase in violence, and to entail more and more irremediable mischief upon the system. Even, sometimes early in life, the whole of the mental faculties gradually fail; but, should a naturally strong constitution preserve the individual for a few years, he almost always falls off very fast after he has arrived at or about his fortieth year. Under these circumstances, when the most speedily successful treatment ought to be employed, and either firmly persevered in, or altered according to its evident effects in the restoration of health, packet after packet of various medicines are alternately poured into the stomach, and accident, not scientific reasoning, is alone entitled to our acknowledgements, when such proceedings do *fortunately* no very material harm.

Very early in practice, I acquired a dislike to those immense multitudes of different drugs, often possessing different, or even opposite qualities, which were generally crowded into all prescriptions, and which are still too often recurred to.

To remedy this, I have sacrificed much, and am still willing, if necessary, to sacrifice more.

With regard to the cure of *gleet*, &c. in the male, and of *leucorrhœa*, and a numerous list of the most important and distressing complaints of the female (which have usually been deemed irremediable), when I was first persuaded to make public the result of my experience in the treatment of them, I thought that little more would be necessary, than a relation of the cases which had fallen under my observation; but, on considering the subject more fully, I was convinced that this plan would be far too limited. The complaints themselves not being previously understood, nor distinguished from others, somewhat of a similar nature, with any degree of precision and accuracy, the indiscriminate use of the *lytæ*, for instance, might and certainly had been fraught with mischief; and, on many occasions, even in complaints of the same nature with those in which their use was indicated, other remedies might have been used with more propriety. Neither the principle of the operation of that medicine, nor the circumstances of constitution in which they should be had recourse to, or prohibited; nor the combinations of disease, which would frustrate our design in the administration of them, or which might entirely contra-indicate their use, and in which consequently their operation might be hurtful,—seemed to be understood. Besides, there prevailed prejudices and fears against them, which it was necessary to confute, overcome, and remove.

I found, also, that my own views, with regard to this medicine, became daily more extensive—that their power, in exciting the action of the living body, in extent, efficacy, and utility, far exceeded any thing which could have been expected. By



them indeed, we can maintain and regulate that action for any length of time, which is indispensably necessary for the accomplishment of the salutary purpose of their administration. The range of bodily infirmities and affections, in which they evinced those generally stimulating properties, were not only very numerous, but mostly such as other means had been employed to cure without success. The previous paleness and debility, with want of ability for exertion, and the soft flabbiness of the muscular parts, which previously existed, gradually disappear after they have been used for sometime, and the patient becomes stout, and of a healthy appearance.

All the diseases, indeed, which I have detailed, and which I shall point out as remediable by that medicine, innumerable circumstances show them to be purely those of debility. In a majority of them we can trace their existence to a previously morbid overaction of the whole sanguiferous system, which is universally acknowledged to be productive of debilitating effects. More commonly, however, they are such as depend on a similar overaction of the function, in some particular series of organs—most commonly those of the generative system. In the latter case, after the continuance of the disease for a considerable length of time, it is, by no means uncommon for the general system to become remarkably affected with various forms of disease, all of which, varied as they may appear, can only be permanently removed by restoring the tone of the parts, the loss of which first occasioned them. The powers of digestion fail, occasional vomiting takes place, and the bowels are in general constipated. The sight, too, and hearing, and memory, are, especially in severe cases, very considerably impaired; so much so, indeed, that I have known some individuals totally unable to follow any occu-



pation, or indulge in any amusement, where the exercise of either of these faculties was requisite.

Some think it a great argument against any substance employed as a medicine, when it is affirmed to be useful in many complaints: for the most part it is so, because empirics openly declare their particular nostrums to be useful in *all* complaints, however opposite their nature. It is a very different case, however, when the same substance is found useful in complaints which, though differing in name, from certain local circumstances, or in the parts principally affected, *are really of the same nature*. This, instead of an objection, becomes a strong argument in its favour.

It is a melancholy, but well established fact, that the violence of opposition, which any improvement, either in surgery or medicine, meets with, is too often, at least for a considerable length of time, exactly in proportion to its importance in the removal of disease. Any mysterious agent, however, which can be proposed for the recovery of health, is, with the greatest facility, without the least scruple, or even attention to its too often fatal consequences, admitted into universal use; while that which, to a demonstration, can be proved of the greatest benefit to the human race, is employed with fear and trembling, and seldom before a century or two elapse, so universally, or to such extent, as alone can insure that utility of which it is capable.

In that part of my practice, in particular where the lyttæ requires to be employed, it were unreasonable in me not to expect the most determined opposition, party spirit being exerted exactly in proportion to the good effects of any newly proposed remedy in cure of disease; and the proposer, together with the remedy, without giving either the opinions of the one, or the powers of the other, a fair trial, are often overpowered by



that concentrated mass of stupidity and influence, through which the light of science can never penetrate. Their contracted views are calculated solely for the comfort and happiness of themselves, not, except in mere form, for the alleviation of that mass of human misery which, while it perpetually surrounds us, calls aloud for our interference and relief.

Since my former publication, on the internal use of the lyttæ, appeared, I have, independently of these circumstances, had numerous opportunities, not only of confirming the doctrines there advanced, but of extending my views to a much greater extent than I ever expected. My experience on that subject, is now not only general, but, on the principles I then hastily delivered, uniformly successful; and the numerous favourable communications, which I daily receive from every part of the United Kingdom, convince me, that in a much shorter time, than important improvements in the practical part of our art, commonly meet with public sanction, this practice will, when under proper regulations, at once become still more general, and more extensively successful.

I know that objections, from want of success, have been started to the treatment of several diseases by the lyttæ. Such objections I was prepared to hear, whenever I should make known the success of my practice with that substance.

To those, who without prejudice, or a wish to condemn, give that substance a fair trial, in such complaints as, from what I shall state, may indicate their use, and who really are unsuccessful, I have only to observe, that I can easily account for the failure of many in the treatment of diseases by the lyttæ. It was not, till after many years experience, and the closest attention I could bestow to their operation, that I became decidedly successful in the removal of complaints with that medi-

cine, and I, even then, failed in the removal of some cases, which, with still greater experience, I have since completely effected. It will undoubtedly be with others, as it was with myself; but, by cautiously persevering, and carefully watching their operation, they will be sensible of their importance.

With regard to the cure of venereal, as well, indeed, as other complaints of the generative system of both sexes, no extent of reading, even the best books on these subjects, can, unless by accident, or in the very mildest form of them, enable us to do justice to our patient. Thus taught, the greatest success we can expect, is by some accidentally lucky application; while the chances of error are innumerable. So many seemingly little circumstances occur in the treatment of these diseases, which cannot *all* be enumerated, even in the very best publication, that he who expects to have invariable rules laid down in books for his whole conduct, will be perpetually disappointed; and, thus unprepared, must, in numerous instances, allow himself to be led astray. It therefore is strictly incumbent on every one, managing these or indeed any other diseases, to be aware of these anomalous occurrences, and to act accordingly. Thus prepared, the medical attendant shews himself at once a man of judgment and discernment; but directly the contrary, if his whole proceedings are to be squared according to the strict rule of even the best writers on medical subjects. It is alone to experience, and scientific discrimination, that we are to trust for either safety or success in their entire removal. These diseases, in their various stages, assume different forms, each of which requires a plan of treatment peculiar to itself, and although many of these changes may be described in books with



tolerable accuracy, others can only be understood by the actual observation of one who is in the daily habit of suiting his practice to these changes, and not of regulating his proceedings entirely by stubborn rules, or by the book he had been last reading.

No diseases, to which the human frame is liable, are treated more by stubborn, general, and hackneyed rules, than those of the generative system; and, excepting in their very mildest form, none seem to require nicer discrimination, attention, and alterations, in the plans of treatment, suited to the difference of constitution, and of the numerous appearances these diseases frequently assume. This generalizing plan, or total neglect, sometimes on the part of the patient, sometimes on the part of the physician, and not unfrequently on the part of both, or even injudicious treatment, which must solely be owing to the medical attendant, has often reduced an once healthy and robust constitution to the greatest possible degree of lingering misery.

I have always been of opinion, that much, even of reasoning and philosophizing, has been ingeniously employed by authors, respecting many circumstances connected with these diseases, from which it is impossible, for either themselves or others, to draw one doctrine usefully practical. These reveries become extremely embarrassing and perplexing to the student or the young practitioner, and can be of no service to him of greater experience. It would render the subject at once more simple and more extensively beneficial, were such authors to recollect, that both reasoning and speculation are only useful in proportion as they can be more or less advantageously applied in unravelling mystery, or in curing disease; and that, in proportion as they deviate from this, they become either useless or hurtful in their application.

The more distant our researches are from truth, the more complicated and unaccountable appears

all our reasoning ; but, when we have established some rational basis—some principle upon which such reasoning must be supported, if correct, or, if erroneous must fall—our investigations instantly assume a more simple and a more convincing aspect. Thus, as we adopt the simple or the complicated plan, our investigations are either rendered easy, or doubly severe—by the first we may benefit society—by the latter, we can scarcely fail of injuring it.

Authors, in these speculations, often begin their researches, and make experiments rather for the purpose of forcing these researches and experiments to yield to some preconceived notion, than to be guided and instructed by their result. Determined to prove a point, they work themselves into an actual belief of its correctness, and no future remonstrance, reason nor experience, will ever convince them of the reverse opinion. Not that they conceive themselves wrong, and that they are propagating perhaps hurtful doctrines, but that they have, by habit, brought themselves into a most religious belief of their accuracy, and even of the extensive utility which must result from their application.

To the works of many authors on this subject, these observations are too applicable, and vague and illusory theory, rather than observation, has too often been the sole source from which they have derived their practical knowledge. Those who have attended to the various changes and appearances which take place, in perhaps every case of these complaints, being aware of the impossibility of laying down general rules, applicable to all cases, must often have been astonished, as well as mortified, to find descriptions of their various stages, method of cure, &c. worked up with all the precision of a rule in arithmetic, or a mathematical problem ! That there are a few general rules in their treatment, I admit ; but, from them,



without attentive observation, particular rules can never be deduced ; and the authors, as well as practitioners, who are in the habit of writing on, or attempting to cure such complaints on other principles, may rest assured, that their success will bear no proportion to their failures.

It were well that such speculative practitioners, would, in preference to their present plans, adopt the sound and solid practical reasoning of some of their ancestors. Although they had many faults, yet these in general consisted rather in a want of real knowledge, than in attempts to twist obvious facts to suit a particular theory ; but *they* had no wish to appear conspicuous, except in their successful treatment of disease. It were well that we again returned to that simple path ; then, considering the many facts which we, from alterations in the state of society, possess beyond what was known in former times, we might render the cure of such complaints, not, as is too often the case, a jargon of inconsistent nonsense, but a system of well digested and well arranged doctrines, demonstratively successful in their application.

Certain individuals appear much more susceptible of venereal complaints than others, equally exposed, and, even, while no visible peculiarity exists, are affected more severely ; and we also find some more liable to one form of the disease than another, I have, for instance, known many gentlemen, who, although frequently exposed to the chances of infection, have entirely escaped for many years, while others have scarcely ever committed a single act of indiscretion without suffering severely. In their cure, also, a certain degree of peculiarity exists in perhaps almost every one ; but in some so conspicuously, that the very nicest management is necessary, in selecting and employing such remedies as will most certainly remove the infec-

tion. Inattention to these points has often caused much unnecessary distress.

There are also peculiarities of constitution of a most vexatious nature, in which, though no visible cause can be assigned for it, there is the greatest difficulty in curing such complaints, even independently of the most unremitting attention. In such persons, if affected with gonorrhœa, gleet is almost an inevitable consequence—if with lues venerea, buboes almost invariably and immediately follow, and no degree of attention seems capable of preventing such buboes from proceeding even to suppuration. In such habits, too, I have observed, that secondary symptoms are far more prevalent than in those in whom these complaints were removable in the common easy way.

I have already remarked that, in scrofulous habits in particular, diseases of *every* description seem more difficult of cure, than in those in whom none of the symptoms of that disease can be traced. In the venereal disease, in whatever form it may present itself, the correctness of this remark must have appeared to all who are extensively employed in this line; and it must often, as with myself, have baffled all their exertions, at least for weeks or even months. Were many venereal complaints not greatly altered in their severity, by the particular state of the constitution at the time, their cure would, in all habits, be much easier than it is, and it would thereby render the application of general and invariable rules, for their removal, less objectionable; but this, all practical physicians, who attend to their profession, know is not the case. Although, therefore, general rules are too commonly applied, and sometimes with success, they ought only to be used under the observation of one who can, if necessary, vary the treatment, as circumstances may require.



In the cure of these complaints, I have no purpose to effect by adhering to any particular hypothesis or theory. I rely on observation, experience and reason; and, where these individually, or in combination, point out any doctrine which may, in practice, lead to a more successful mode of treating them, than I had hitherto employed, I never hesitate to lay aside that which greater and more extensive opportunities of observation and practice, either by myself or others, may convince me has been defective. It is chiefly a blind reliance on, and a determined adherence to, early acquired habits and opinions, which has tended to retard the improvement of every department of the medical profession.

In proportion as we become acquainted with the real nature of diseases, and of the particular habit of body of those affected with them, and consequently advance in our knowledge of the most judicious and best methods of cure, we perceive the necessity of often applying our remedies more to the existing circumstances of the different stages of the complaint, than by adopting any general rule of practice. Treating the disease throughout, for a certain number of days, upon one formal principle, and a certain number on another, which, although perhaps useful at one period of the disease, may be not only inefficacious, but even hurtful at another, must evidently appear improper. Yet the same mechanical plan is too generally persevered in, from the very first appearance of the symptoms, till they entirely either accidentally disappear, or, as in gonorrhœa, till they terminate in gleet or, as in lues venerea, in the most alarming state of confirmed pox.

By adopting more scientific discrimination, we not only free our patient from much unnecessary suffering, but we are also enabled to reflect on our own propriety of practice, and on the right dis-

change of our duty, with some degree of comfort, to which, otherwise influenced, we have no claim.

What merit can a medical man claim, who, on stalking up to his patient, and finding him affected with chancre or gonorrhœa, for instance, at once, in the most general way, prescribes mercury, or injections; and that, without putting himself to the least trouble, to know the particular circumstances respecting the patient's general health, mode of living, &c. or even the state of the existing symptoms; according to which examination alone every rational physician will conduct himself? Every one, although possessed of no knowledge of medicine, knows that injections often remove gonorrhœa, and mercury chancres; the use therefore of a medical man, is not to assure them of these facts, but to point out the time, and under what circumstances they may or may not be used.

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## CHAP. I.

### TREATMENT OF THE URINARY ORGANS.

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#### *Suppression, Retention, and Incontinence of Urine.*

WHILE the secreting vessels, in the kidneys, continue their healthy action, these organs, in like manner, with all other operations of the animal fabric, perform their proper and healthy functions: but when, from mal-conformation, external injury, or occasional disease, they are more or less deranged, the secretion of urine becomes



partially, if not completely altered, and sometimes entirely ceases.

When these occurrences arise from mal-conformation, preventing secretion, the cure is not to be expected either from internal medicines or surgical operations. When also the disease exists in consequence of external injury, causing a partial or a complete derangement in the functions of the kidneys, or perhaps extensive ulceration of these organs, our chances of cure must greatly depend on the extent of such derangement. Our first object, under every circumstance, is, if possible, to remove the exciting cause, and when this has been effected our other means of relief must be indicated by the existing circumstances of the case.

Suppression, retention, and incontinence of urine, may all arise from, or exist, either in consequence of an inflammatory state of the system, or of the parts particularly affected, or they may exist in the directly contrary state,—that of debility. Our first object, therefore, previous to employing any mode of treatment, ought to be, to ascertain to which of these states the general system, or the urinary organs incline, and how far these diseases depend upon them. These points may be easily ascertained, by the appearance of the general habit, pain in the parts, and state of the pulse, &c. This being established, the plan of cure, so far as the disease depends on one or other of the above conditions, is at once pointed out.

In retention, from inflammation of the neck of the bladder, low living and cooling glysters, and when the disease has continued for some time, especially when the *hypogastric region* is painful, and the patient feverish, general blood-letting, if other circumstances do not militate against it, are probably the best means of giving relief; but, if the patient be weakly, leeches may be used, and, when the symptoms have abated, a

blister applied over the pubes will greatly assist the cure.

The warm bath, or gently sudorific medicines, will serve as our next order of remedies, with opiate glysters, frequently repeated. On the patient falling asleep, I have frequently found, that he discharged urine freely. I should therefore recommend the free use of opiates, to procure at least, six or eight hours sleep in the twenty-four, and its constipating effect, may be removed, by mild cathartic medicines. Hyociamus, from its possessing soporific effects, without producing constipation, may be used where the employment of opium is inadmissible. The different states of the weather have a very great effect in rendering this complaint mild or severe. Patients thus affected, ought to have the temperature of their chambers rather warm than otherwise, and as little subject to change as possible. If these means prove ineffectual, an opening must be made into the bladder for the evacuation of the urine. The puncture ought either to be made above the pubes, or through the rectum. I prefer performing the operation in the last of these as, should the patient be corpulent, we have sometimes to cut a great depth above the pubis before we can reach the bladder.

When retention arises from an impervious obstruction in the urethra, and if the bladder be too much distended to admit of delay, we must at once make an opening in the manner just stated, and discharge it. After this, we must instantly remove the obstructing cause. Perhaps, in this instance, from the necessity of dispatch, the instant removal of it by incision is preferable to any other method. A bougie being introduced into the urethra as far up as the stricture, we should make a small incision along the course of the urethra, and then, by cutting even upon the point of the bougie, make an opening for it.



After having secured the opening along the urethra, we must adopt such measures as will most readily heal the external incision.

The very mildest cathartics may occasionally be given, which will not irritate the bladder, but a great variety of drastic purgatives will produce irritation. The most useful of these mild laxatives are *senna*, *cream of tartar*, *castor oil*, and *neutral salts*. I have, for several years past, found a pill composed of equal parts of extract of hyocianus and aloes, a most excellent and safe laxative—its operation is extremely easy, being attended with no pain whatever.

In slight debility of the fibres of the bladder, causing retention of urine, we, for the most part, may give considerable relief, after the catheter has been introduced into the bladder, by applying pressure or friction with the hand, or with a common flesh brush, so as to excite and occasion contraction of that viscus; for without its contraction no urine will flow. At other times, however, the debility of that organ is so great, as to require, in combination with the above, which is but of temporary benefit, much more active means to obtain lasting relief.

In such a state of disease, nothing tends so much to remove the torpidity of the bladder, as the judicious employment of tonic remedies, with the application of a blister over the *sacrum*; and the remedy I have found most useful, is the tinct. lyttæ, in doses sufficiently great to affect the urinary passages. This state of action in the parts must be kept up for a length of time, proportioned to the extent and severity of the disease; the removal of which may be known by the bladder resuming its natural functions, even after we have found it proper to give over the use of every kind of medicine.

Catheters are composed of silver, or of elastic

materials. They are of different lengths; but, in general, that for an adult male is from ten to twelve inches, and for a female only six inches long.

The flexible gum catheter is a hollow bougie, or it may be made of wove silk cylinder, covered with a coat of elastic gum. There is another kind, formed of silk cylinders, plaited upon a probe, afterwards covered, three different times, with common varnish used by cabinet-makers. It is then put into a baker's oven for twenty-four hours, and is smoothed with pumice-stone; is again varnished twelve or fifteen times, and, between each time, it is allowed to dry in the open air. At every third coating, however, it must again be put into the oven.

Should the flexible catheter be preferred, the stilet must be made of firm brass wire, to enable the instrument to preserve its shape during the operation. By bending the wire, we can give the instrument whatever shape will best suit the curve of the urethra; and we may even introduce it without the wire.

Those of a flexible kind are less irritating than the metal ones—they are more easily introduced, and can be allowed to remain longer in the *urethra*.

When this instrument is to be introduced, it ought, almost always, to be of a large size. It thus regularly distends the whole cavity of the *urethra*, and, of course, passes onward without any obstruction.

When the catheter is to be introduced, the patient ought to be laid on his back, with his thighs gently opened, and his legs hanging over the side of the bed. The penis is grasped in the left hand of the operator, who rests on his right knee by the left side of the patient.

The instrument is to be well oiled, and introduced with the concave side toward the abdomen. To avoid the pumber and slanting direction of the



lacunæ, or rather to avoid entangling the point of the instrument in the folds which the instrument itself makes in the membrane, it is a good general rule to slide it along the upper surface of the urethra; and, in order that this may also be effected properly, the sweep of the operator's hand must follow the curved shape of the urethra, because in pushing it strait forward, it deviates from the circle, and must go wrong.

We must also observe that, in its introduction, violence or force is always unnecessary, and consequently improper. If there be no morbid obstructions in the urethra, such as strictures, inflammation, &c. it always passes freely forward, unless stopped by the *os pubis*, till it arrives at the membranous portion of that canal, when, as the urethra here takes a slight turn, which often obstructs the catheter, it should be slightly withdrawn, the handle of it somewhat depressed, and then another attempt to push it forward generally succeeds. It is next apt to be obstructed by the prostate gland; but the same motion, as above directed, being made, the instrument slips into the bladder.

When spasmodic action of the parts exist, the directions to be given under the head of *spasmodic stricture*, must be applied here.

From motives of delicacy to the sex, the female catheter ought to be introduced by ascertaining the orifice of the urethra with the finger alone. It is situate between the nymphæ, and is surrounded by a small eminence, which can easily be felt.

In this disease, unless the most active means be immediately used, sloughing of the parts with extravasation of urine, and even mortification will very rapidly ensue. Bleeding, blistering, and the free use of mild saline purgatives, must therefore instantly be had recourse to, with the most rigid

abstinence from every kind of exercise, stimulating or inflammatory liquors, or medicines.

When these violent states of action of the system exist, which, if not removed by other means, require the bladder to be punctured, we ought to be very brief in our proceedings, as the worst consequences must ensue from the delay, even of an hour. If, therefore, on the appearance of this state, our remedies, which must be vigorously administered, do not effect our purpose, as soon as their action should affect the general system, we ought instantly to have recourse to puncturing the bladder.

In performing this operation above the pubes, a perpendicular incision, at least two inches in length, must be made, through the integuments of the abdomen, immediately above the pubes. That part of the bladder, uncovered by the peritonœum, will then appear, into which a curved trocar must be introduced, and the stilet being withdrawn, the canula remains, through which the urine flows.

This instrument, when employed for perforating the bladder, must be longer than those in common use. It consists of a perforator or stilet, and a canula. These two parts are so fitted to each other that they seem, when joined, only one. They ought to be of different sizes, and perhaps the triangular, from its allowing the urine to pass off readily, is least objectionable.

In performing this operation by the rectum, which is at all times advisable, unless the prostate gland be enormously enlarged, in order to avoid wounding the vesiculæ seminales, we must introduce the finger its whole length into that canal; a trocar having previously been laid on the forepart of the finger. The puncture must be made into the anterior part of the intestine, which is easily done, the parts being so thin, that even fluctuation of urine may be felt, before introduc-



ing the trocar into the bladder. If we are not well acquainted with the structure of the parts, both in health and disease, their natural situation may be greatly altered, and consequently deceive us. This may occur from tumors, thickening of the parts, or from diseased prostate gland. Previous, therefore, to our performing this operation, we ought particularly to ascertain the exact condition of the parts.

When the bladder has burst, remedies are ineffectual. Even a rupture of the inner membrane, is perhaps beyond the power of surgery or medicine; but its effects are not, at least, so immediately dangerous as the other. The diseases of that organ, which may be remedied by art, are those degrees of distention which it suffers, rendering it unfit to perform its healthy functions. If retention arise from this state, the urine must be drawn off by a catheter or hollow bougie; and, if the difficulty to introduce the bougie be unusually great, we may allow the hollow bougie to remain in the bladder.

If incontinence of urine arise from one or more of the parts immediately connected with the disease, having assumed a new action, such as a diseased prostate gland, obstructions in the urethra, stone in the bladder, or other affections of the general system, our attention must first be directed to the removal of them. When we have ascertained the nature of the disease, the state itself indicates the kind of remedies which will remove it. If, however, it be alone caused by debility of the bladder, &c., stimulating medicines used internally, and applied externally, as cold bathing, stimulating liniments, blistering the loins, the internal use of bark, tinct. lyttæ, &c., will generally effect a cure.

Respecting paralysis of the urethra, or rather of the spincter vesicæ, Mr. Hunter observes, in page

166 of his book on venereal complaints, that “a man came into St. George’s Hospital with this complaint. I ordered him the before-mentioned medicine (tinct. lyttæ), and it had such an effect as to bring on the contrary disease, or a spasmodic affection of the urethra, so that he could not make water when he had an inclination; but an injection of opium removed the complaint, and he was then well.”

Should all these means fail we must have recourse to surgical assistance, and employ the jugum, or yoke. It may be had at the surgical instrument maker’s. The beneficial effects of this instrument wholly depend on mechanical pressure.

When incontinence of urine exists, in consequence of irreparable injury done to the parts, in performing surgical operations, such as lithotomy, &c., we must endeavour to accommodate our patient to his inconvenient situation. In surgical books, we shall find delineations of such instruments as are useful on these occasions, and these must, too frequently, be used during life.

When this disease occurs in women, and the above remedies fail, pessaries made of sponge, of an easy size, and, before use, moistened in the finest olive oil, are of advantage. Thus prepared they do not produce excoriation.

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## CHAP. II.

### *Morbid Structure of the Seminal Vessels.*

It is absolutely necessary, to a scientific treatment of every complaint, first to ascertain its causes, its effects on the parts immediately con-



cerned, and also those which it produces on the general system : in short the precise nature of that action which constitutes the disease. The difficulty of being able to ascertain these, is sometimes considerable, but it is possible to do so in perhaps every instance, and then its removal becomes comparatively easy. In a deranged action of the seminal vessels, this has been much overlooked, and consequently the cure has been deemed impossible.

I shall here make a few remarks on secreting organs in general. They are external, and internal. Their office is to alter the blood, by a process, peculiar to each, so that the secreted fluid (such as the gastric fluid) may be applied to other purposes, connected with the animal economy, of which the natural properties of the blood were quite incapable, while others, (such as the urine) seem to be of little use, and are, therefore, speedily evacuated from the body. These secreting organs, therefore, are all indispensably useful, and their secretions, of every degree of importance, from the very greatest and most essential, to that of being of little or no use, either in the prolongation of life, or in the preservation of health. Certain of these organs are incessant in their operation, such as the secretion of urine, &c., while others are only of a periodical recurrence, such as menstruation. Most of these may be accelerated in their operations, by the increased exertion of the animal body, such as perspiration, &c., while others may be similarly changed merely by the exertion of particular parts of the body, as the saliva, by the motion of the jaws in eating. Others again can only be accelerated by the operation of certain substances taken into the stomach; and all these increased actions may be produced without the natural functions, of these organs, being subjected to disease, because such accele-

rated action has not hurried them so far, nor been continued so long, beyond their natural operations, but that they are still capable of falling back to their natural condition, and of continuing to act by their own powers.

This power, however, of being increased, in a certain degree, while, when circumstances permit, they can fall back to their inherent or natural condition, is subject to limitations. Thus, the same slight accelerated action, which, for a limited time, produced no effect on these organs, but what they were, of themselves, capable of throwing off, when continued for a much greater length of time, will inevitably produce in them a certain degree of morbid action, from which they are unable to recover without the interference of art.

This quality of resuming their natural functions, or of falling into a state of disease, greatly depends on the physical structure and natural uses of the organ itself. I am not sure whether this peculiarity exists from the delicacy of structure, or from the complicated uses of the organ in a state of disease. It probably, in a great measure, occasionally depends on both; for we find that irregularity of the menstrual discharge, although there is nothing remarkably delicate in the organization of the internal membrane of the uterus, is not only seldom, if ever, removed by any natural effort of the system, but is always extremely difficult and tedious of removal, even with the assistance of our best medicines. This, therefore, cannot be wholly owing to the delicacy of its organization. There is one instance, however, where delicacy of organization renders the removal of its diseases extremely difficult, and also extremely tedious; that is, where disease of the seminal vessels has been induced. This may, however, be somewhat owing to the complicated nature of



these vessels; but certainly their delicacy of organization must have a considerable influence in these proceedings.

If, we consider the great debility induced in the parts, by the overaction, which is frequently artificially induced, before the complaint is constituted, and also the extremely delicate structure of the seminal vessels, which, even in health, are sparingly supplied by nature, (being, indeed, formed of the most minute and delicate vessels) we should at once be convinced that any derangement, in their structure, could, with infinitely more difficulty, be restored to health, than such members as the leg or arm, which, are supplied with large blood-vessels, capable of speedily renovating those morbid changes, to which such parts might be subjected, by any kind of violence or by disease. When to this we add the consequent debility of the immediate parts, with that of the whole system, which often ensues, we only require to know if we possess any kind of substance which will enable the parts to throw off such debility, in order that they may be thus enabled to return to their healthy condition.

This, forming a most important inquiry, has occupied the attention of the most respectable medical men. Hoffman, Boerhaave, Van Swieten, and many others tried, for years, to remove these complaints, but failed. Indeed, the prosecution of this subject has occupied more time, and more ability than any other connected with medical practice.

Thus from a thorough conviction that this disease existed from debility, or from a want of that action, in the parts affected, which was necessary to constitute the standard of health, medical men have long been in the habit of prescribing the various substances, which, externally and internally, are known to possess stimulating effects on the animal body.

Thus warmth, in all its various modes of application, as change of climate, or the properly regulated heat of apartments, increased or diminished as seemed proper, and every various degree of heat to which fresh and salt water, as a bath, was capable of being subjected, also friction, with or without the various oils, balsams, &c. have been employed in vain. These external applications have even been carried further, by the use of scarifications, sometimes with stimulating substances poured upon the scarified parts. Internal substances have also been tried to effect the same purpose. Opium, spirits, wine, &c. have been used; and although the operation of one or more of them was calculated to restore certain debilitated parts to their healthy condition, there were other parts of the body, and other states of debility, upon which they produced no permanent effects, at least, they only tended to increase the *action* of the body, or of the part affected, without imparting to it any *permanent strength*. Indeed, the power of adding strength to the parts, by these applications, was so limited, that they were soon found equally inefficient with the external applications, and were, therefore, soon abandoned by the more thinking part of the profession, especially when it was observed, that even the temporary action which they produced was followed by a greater degree of debility than even originally existed in the parts; and this increase of debility was proportioned to the temporary increase of action induced by the means employed. Stomachics, of various kinds, have also been administered to effect the removal of such general or local debility; but they too are, from their inefficient nature, now almost wholly laid aside, being acknowledged only capable, by their judicious administration, to restore the natural tone of the stomach, which, in its most healthy condition, however much it



may be capable of regulating the healthy state of the animal economy, is quite incapable of removing that debility, which is so often met with in practice. They are, therefore, scarcely ever used except as mere stomachics, which is the utmost, even their most strenuous advocates expect from them. How, indeed, can we reasonably look for a removal of such debility, by medicines of the most inert nature, or by external applications, which cannot reach near the seat of disease?

With regard to the stimulating effects of all substances, on the general system, we find that whatever will uniformly, and for any length of time we choose to employ them, increase the circulation, and, of course give vigour to the pulsations, without causing feverishness, intoxication, &c. must be of use in proportion to the increase of circulation they produce, and length of time they are capable of supporting such increase of circulation. If, however, feverishness, &c. be produced by such means, they will uniformly be found, not only useless but hurtful. This conclusion is, without any one exception, of which I am aware, applicable to every kind of stimulating matter, from the very mildest to the most violent; and, of course, by our discrimination and selection of these, and the circumstances of health and disease, under which we employ them, we prove ourselves to be judicious or otherwise.

As to the state of the system, favorable or otherwise, for effecting its restoration to health, we shall find that, under moderate degrees of strength, all diseases are much more manageable than when debility has greatly reduced the parts, and also the whole system, so as scarcely to leave more of that consistency of action than will prevent the parts falling into putridity and dissolution. We sometimes meet with cases,

where the debility is so extreme, so rooted in the system, and so completely established as the ruling action of that system, that neither the animal powers themselves, nor the force of any kind of medicine we can employ, are capable of exciting the healthy action of such a body. In such instances, death, either of the part or of the whole body, must be the consequence.

After having selected *proper* substances, our great object, in the removal of all morbid affections, is to institute another sort of action in the system, than that which constitutes the action of disease, by the immediate powers of which, or after such substances have acted in the system and dies away, their operation has restored the body to its healthy condition. To produce such an action as may be capable of effecting this purpose, the animal functions must still possess sufficient powers of being roused, otherwise all the medicines on earth cannot prevent them falling into the above state.

To effect these important ends, I have most satisfactorily found the tinct. lyttæ, in a very extensive range of practice, very seldom fail, in the removal even of the worst cases ; and I, therefore, with the utmost confidence, recommend that medicine to the attention of others. Although, however, this be a rule very applicable in practice, still every case must be considered by rules, in some measure, peculiar to itself, and treated accordingly.

If this complaint arise, which, in almost every case, it does, from excess of venery, or from self-pollution, the first and most important advice the patient can receive, is to refrain from these habits ; for, while they are persevered in—while erections are produced, from whatever cause, no method of cure however ingenious, or however judiciously pursued, can effect more than momentary relief. Yet, strange to tell, we find many celebrated



practitioners, daily advising matrimony to men, who, though apparently stout, are either almost incapable of healthy sexual power, or, indeed, wholly impotent. How such an erroneous and dangerous advice could have originated, or be supported for a single hour, is quite inexplicable; and I have no doubt that, in compliance with these rash and unwarrantable advices, originate that dissatisfaction in families, which, in many instances, terminate even in suicide.

No disease, has been less understood, nor worse treated in general: for medical men, influenced in their conduct by the notion, that the venereal appetite arises from a vigorous, and, as it were, an inflammatory state of the system, and that, whatever excites or promotes its activity, aggravates these desires, enjoin abstinence from animal food, in short, from every thing, which, they suppose, can heat the body, or excite the circulating powers.

Such reasoning is certainly very erroneous when applied to any individual whose body, even in the flower of youth, is exhausted, enfeebled, ill-nourished. In such individuals the almost exhausted powers must be invigorated, debility obviated, the body nourished, and the mind rendered cheerful. Are these objects to be accomplished by abstinence from every thing which contains the principles of activity, or of supply for the animal machine?—No!

It was impossible that such a practice could ever fail of being unsuccessful; and hence it is, that the triumph of empiricism over regular practice, has never been so great as in this complaint; because empirical medicines contain active substances, from which patients experience temporary relief, when other means have failed, or are even hurtful.

Our most beneficial methods of proceeding in

these cases, are by the proper use of nourishing diet, wine, certain kinds of bodily exercise, increased according to the return of strength : the occasional use of opium, musk, assafoetida, camphor, to procure sleep, alleviate spasmodic symptoms, and calm the apprehensions of the mind, together with such means as are best suited to keep the bowels regular, and restore permanent soundness to the organs of urine and generation.

Repeated erection in the night, and copious discharge of semen, in consequence of dreams, though the individual is not addicted to any blameable practices, is sometimes to be met with, and the reasoning which was erroneous, and led to hurtful practices in the above states, will here apply with propriety.

From a long continuance of that condition of the parts which causes derangement in the seminal vessels, probably assisted by the random use of bougies, the internal lining of the urethra, and, I doubt not, of the bladder also, becomes so completely diseased, as to prevent its ever again resuming its healthy functions. Thus the diseased membrane acts as a foreign substance applied to the parts, and greatly increases the disease. Such cases are always longer of being removed, than under any other circumstances. Many months often elapse, and, independently of the greatest attention, the symptoms do not in the least relax ; but, on a quantity seemingly of membranous substance, voided with the urine, the severity of the symptoms gradually abate, and the parts completely recover.

The severity of a complaint is but a relative, and, at best, a vague term ; hence authors, having nothing to compare their meaning by, when they employ such a phrase, are very apt to term it



severe or otherwise, according only to their particular success, not according to the extent of the complaint itself. Thus we have cases of seminal emission related by authors of respectability, said to be of the very worst kind, cured by medicines extremely trifling and inefficacious. It is scarcely possible that the relaters of such cases could state what did not really happen; but the indefinite manner of considering such complaints must have led to the mistake.

Thus the most erroneous practice has always been followed, because, as already stated, medical men really do not seem either to understand the nature of the disease, or the effects of such medicines as could remove it, and their practical doctrines are consequently fraught with the grossest error. They find it necessary to say something on the subject, and, as in almost all other guessed works, they stumble on error: yet, strange to tell, they give detailed cases of their success, with as great a degree of gravity as if they had actually been successful!!

Thus the medicines, recommended even by the most respectable writers, are at least ineffectual. Mr. Hunter's sole dependence was on opium, bark, valerian, musk, camphor, the cold, and sometimes warm bath, individually used as he deemed them proper. In the very slightest cases, these substances might probably prove of some temporary service, but, in more severe affections, they might be used in any quantity, and for any length of time, till they destroyed the digestive organs, but they never could permanently cure the disease.

On account of disordered digestion, which almost always accompanies this disease, it is necessary that both food and drink should be such as contains much nourishment in small volume, and be easily digestible. Salted or high sea-

soned food must, of course, in an especial manner, be avoided. Indeed every sort of food, must be avoided just before going to bed, particularly animal food. Inattention to this often causes indescribable distress, from dreams of the most terrific kind.

While there are perhaps no complaints in certain states, to which the human body is liable, so tedious of cure, it is fortunate that the principal medicine by which they are removable, can, under proper regulations, be taken to *any extent*, or for *any length of time*, and even then with the most beneficial effects. No instance, indeed, of such complaints, uncombined with any other, has yet come under my observation, which has not, by patient perseverance, been completely and permanently removed. In this particular point, *viz.* length of time the lyttæ can be used, that medicine differs from every other with which I am acquainted. All other substances lose their effects by use, and, if we expect benefit from them, they must be increased, in proportion to the time they are used, while they at length assist, in a greater or less degree, in injuring the constitution of the person who employs them. The lyttæ, on the contrary, the longer we employ them, improve every faculty, both of body and mind, while, instead of increasing their doses, which is indispensable in all other medicines, we are actually obliged to decrease them, and that often from the largest to the very smallest quantity that can be used; while they produce equally powerful effects on the general system.

As, from the alteration in the functions of the parts, under the use of the lyttæ, from diseased to healthy action, the emissions may even be reproduced, by the stimulating effect of that medicine, we have reason rather to be pleased than otherwise, at such an event arising from such a cause. I have



repeatedly met with this circumstance, and uniformly found, that then the opportunity of abandoning the medicine was at no great distance. When great irritation (for it is in this stage only, that irritation is produced by the lyttæ) occurs, almost every time the medicine affects the urinary organs, and that probably accompanied by an emission, we must begin rapidly to diminish the doses. After this, it is not always necessary to have recourse to the medicine; but, if it should, the patient's own feelings of debility must convince us of the propriety of such a measure, and should such steps be requisite, that propensity to gloominess of mind, so commonly present in such complaints, and so apt to overpower the patient, is likely to return. Then however it is only necessary to take the medicine one week, and omit it the following one, during a few months, in order to insure the most perfect recovery. Even were it found advisable to use that medicine, during the remainder of life, a circumstance I never yet met with, it can produce no bad effects, and would certainly be much less troublesome than the presence of the complaint for the removal of which it was employed. It might then be used on the same principle as animal food or wine are used for the support of general health.

I have lately met with various cases, where the patients, although they applied to me, scarcely entertained a hope of relief. Their misery was so immovably fixed—that no argument could convince them of their progressive cure, till the complete re-establishment of their health left them no room for doubt.

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## CASE.

A GENTLEMAN, aged 40, stout, and of a dark complexion, several years ago contracted gonorrhœa, which was removed by injections, containing acet. plumbi in solution. Soon after the removal of the discharge, he felt great debility of the parts of generation, and had very seldom any inclination to the fair sex. It was not, till after two years and a half; that he began to recover his wonted vigour, when he had the misfortune again to contract gonorrhœa; this too was cured by injections, containing acet. plumbi. Immediately after the removal of the discharge, all the symptoms of former weakness affected him, and he repeatedly observed great quantities of scaly membranous substances floating in his urine, unaccompanied, however, by any gleety discharge.

When he informed me of the above circumstances, in addition to his other complaints he mentioned, that, for two months previous, he had frequently, while in bed, been affected with involuntary emissions of semen. After these occurrences, the stream of urine being undiminished in size, I prescribed for him, tinct. lyttæ  $\mathfrak{z}$ ss, aq. font.  $\mathfrak{z}$ vi; a table spoonful to be taken four times a day.

Two days after, he observed a drop of blood at the external orifice of the urethra; but experienced no pain nor uneasiness from taking the medicine, and in two days more, the membranous substances, formerly mentioned, were not so plentiful as at first.

For two months, he persevered in the use of that medicine, in sufficient doses to produce slight uneasiness in voiding urine. During this time, the seminal emissions gradually became less frequent, and the scaly substances, which he voided with his urine, changed from white to a yellowish co-



lour; but did not diminish in quantity. With the use of the cold bath thrice a week, and the lyttæ for several weeks more, he experienced the most beneficial changes in his health. The scaly substances had now completely disappeared, and during six weeks, he had only two seminal emissions. I, however, desired him to continue sea-bathing while the weather was favourable.

Several years afterward, he had experienced no return of his complaints, and his general health was much better than it had been from the commencement.

### CASE.

ON the 12th of January, a gentleman, aged 28, complained of great general debility, with acute pain in his loins, occasionally darting down his thighs. For fourteen years he had been subject to emissions, from previous improper practices, sometimes returning almost every night. He never had, however, any gleet discharge nor venereal complaint; never having had connection with any female. His attempts of this kind were attended with such *immediate embarrassments*, as might be expected, producing the usual despondency of mind.

Emissions usually occurred during the night, while he was in bed, and were followed by a disagreeable burning heat, all over the body, with great anxiety and heaviness, but complete inability to sleep, during the remainder of the night. He, however, passed urine in a full stream.

I desired him to substitute for the soft bed, to which he had been accustomed, a hard matrass, to use few bed clothes, and sleep in a well ventilated bed-chamber. I likewise prescribed nourishing diet, with two or three glasses of wine after dinner, and tinct. lyttæ aq. font. of each ʒij; two tea spoonfuls to be taken thrice a day in a glass of water.

On the 13th, he was affected with considerable pain and difficulty in voiding urine: I therefore diminished the doses of the lyttæ.

On the 16th, he had taken the lyttæ in sufficient doses to keep up a slight degree of uneasiness in the urethra, but had nevertheless an emission last night while in bed. I ordered the medicine still to be continued.

On the 20th, he had another emission. Emissions, however, were less frequent than before the use of the lyttæ.

On the 21st, he again emitted, after which, however, the burning heat, &c. over his body, did not trouble him. The lyttæ were still continued.

On the 6th of February, he continued to take the lyttæ in sufficient doses, to keep the parts uneasy, and, till the morning of this day, had no emission since the 22d ult., and even then it was not attended by the former disagreeable symptoms. I continued the lyttæ.

On the 7th, he had another emission. Since he began to use the lyttæ, he observed, that it was not till two or three days after an emission, that the medicine again produced its usual effects on the urinary organs. The emissions, however, were now of rare occurrence, and he felt stronger and in better health than he had done for several years, and the pain in his back had greatly abated. I still ordered the lyttæ to be continued.

On the 1st April, the emissions, since last report, had occurred about once a week, and he thought they were now most frequent when he happened to take an over dose. I, however, desired him to use the cold bath twice a week, and continue the lyttæ.

On the 26th, emissions still continued once a week; but they were unattended by the disagreeable sensations which formerly accompanied them. Although his general health was very considerably



improved, he began now, from the length of time which had elapsed since he expected relief from the lyttæ, to be anxious about his complaints, and almost completely to despair of ever being cured of them. I still continued the lyttæ.

On the 8th of May, the emissions had, for ten days past, been more frequent than usual. I began to suspect that he occasionally recurred to the original cause of his disease, and hinted to him, that by such habits he could never expect to be completely cured. He was rather offended at my suspicions, and positively assured me, that, in those suspicions, I did not do him justice. I thought it right, however, to impress his mind very strongly on the occasion.

I did not see my patient till the first of June, when he again assured me that my suspicions were erroneous; that he was now much better, having had no return for a fortnight past. This agreeable change I attributed to my remonstrance, and ordered the lyttæ, &c. to be still continued.

This patient now went to sea bathing quarters, and I did not see him again for nearly three months, when he told me, that his complaints, during that period, had become worse; but he confessed, that he had used the lyttæ, &c. rather irregularly for some time past. I then represented to him the danger attending the long continuance of such complaints, which alarmed him much, and he promised to be very attentive in future; and, by the closest attention to the rules laid down to him, he informed me, about the beginning of November, that his former complaint had returned only about once a month. By the end of the year, he had completely recovered, and became remarkably stout.

### CASE.

JANUARY 4th, a gentleman, aged 22, stout

made, but considerably emaciated, was, about two years before (probably from the same cause as in the last case), suddenly affected with the same inconvenience, sometimes even thrice in the course of one night, attended with an uncommon desire to venery. Since the commencement of these emissions, he had been affected with gonorrhœa, which was cured by the use of injections. The original complaint, however, did not seem, in the least, affected by the gonorrhœa, as it continued exactly in the same degree, after that disease had left him.

Palpitation of the heart, and almost constant ringing in the ears, had of late troubled him very much. He suffered no pain; his mind, however, was in the greatest state of despondency, and his life was actually become a burden to him. He was at last distressed by most dreadful dreams, which rendered him melancholy for several days after. These dreams principally respected the death of some of his nearest relations; and, although he was not superstitious, he could not prevent his mind being thus affected by them. What astonished him very much was, that he often dreamed, that he himself was about to expire in the arms of his relations: and once or twice he actually thought he had quitted this life. He gradually became very stupid, and unable to apply his mind to any employment; but was quite sensible of his being in that state, and, for some time, his feelings had become morbidly acute, which, if possible, augmented his affliction.

To these symptoms were added, about a year ago, general weakness, with most distressing pains in his back; and, for six months past, he had occasionally experienced sudden giddiness, and a sort of faintness, during which, objects of various colours seemed to float in the air before him; and this was immediately succeeded by perspiration all over his body.



He was, about the time I saw him, frequently affected with cold sweats over his body, coldness in his feet and hands, with a great degree of coldness in his generative organs. For the last three months he had, almost every night, been troubled with very painful erections, but without his former desire for venery, which often kept him awake the whole night. He was now affected with a slight tickling cough, pains in his breast; but his expectoration was not very copious, though of a blackish colour. Every attempt at connection had, for several months, been instantly attended with an emission, and he uniformly observed, that if, at any time, the emission did not occur for a few days, the next time it appeared, the semen was greatly increased in quantity, to what it was on other occasions, and continued to be so for two or three days.

A celebrated surgeon, to whom he applied, recommended strong doses of physic, and daily copulation, which he assured the patient, would lessen the emissions! I prescribed *tinct. lyttæ* ℥j, *aq. font.* ℥vii, a table-spoonful to be taken thrice a day, and the doses to be gradually increased.

On the 5th, he experienced great pain in voiding urine, which continued to increase in severity during the day. He therefore left off the medicine, and before night this symptom abated.

On the 6th, I desired him to take the *lyttæ*, as recommended on the 4th.

On the 9th, he had no return of pain, although he had now taken the *lyttæ* in increased doses. Since he began the use of this medicine, he slept much better than formerly, and had almost constantly felt a strange sort of prickling sensation all over his body. I ordered the *lyttæ* to be continued.

On the 14th, he had suffered very little pain from last report, and, ever since he used that

medicine, he had no emissions. He, however, almost every night, felt as if the emission were just coming on, though it did not. I now ordered the lyttæ to be continued, with half a pint of wine per diem, and the liberal use of porter.

On the 16th, he complained, that general debility had recurred, but he had no return of the emissions. I still continued the lyttæ, &c. On the 18th, he accounted for the above symptom, from his having exposed himself to dampness for a considerable number of hours.

On the 23d, he had an emission while in bed, but that had not in the least distressed or even roused him from sleep, as he did not know of it till morning. His general health was now much improved. The lyttæ were still continued.

On the 1st of February, he had no return of the emission, and, from the changes which had taken place in his health, he was in very high spirits. He was now stout, and able to walk a number of miles without fatigue, which formerly he could not do. The lyttæ were still continued.

On the 6th he had, for two days, suffered very considerable pain from the lyttæ, and, during the previous night, while in bed, he had two emissions, which depressed his spirits considerably; and on the night of the 7th he had another.

On the 8th, when he informed me of the above occurrences, he likewise mentioned, that the giddiness and dimness of sight had returned: the pain from the lyttæ had however abated, and I therefore desired him to increase the doses.

On the 15th, for several hours, the pain from the lyttæ had been very severe, accompanied by an emission. He uniformly remarked, that he had, in rapid succession, one or more emissions when the lyttæ affected him severely. These emissions, were not now accompanied by the troublesome sensations, which formerly attended



them ; and his appearance was greatly improved, having lately become much stouter than usual. Nor was he so apprehensive as formerly, and the general gloomy state of his mind was entirely removed. The lyttæ were still continued.

On the 11th of March, he had, since last report, only one emission, which did not distress him in the slightest degree. He had now become very stout, and was, in every respect, in good health. I however desired him to continue the lyttæ in moderate doses, and use cold sea-bathing during the summer season.

Several years after, he continued entirely free from his complaints.

### CASE.

A GENTLEMAN, aged 20, apparently stout, was about six years ago, while at school, initiated in baneful practices. It was not, till after three years continuance in these habits, that he felt the least inconvenience from them. Then, however, he was suddenly affected with frequent emissions while in bed ; but, as they proved only troublesome for the moment, he was not in the least intimidated by them, and for a year after, he continued his habits more frequently than ever. About two years ago, these involuntary emissions became more frequent, occurring four and often six times every week. These were now followed by cold shiverings, which lasted for an hour or two each time, with complete inability to sleep during the remainder of the night. He was also affected with frequent cold perspiration all over his body, coldness of his extremities, shrinking of his penis, and great pain of his stomach ; sometimes with a voracious appetite for food, but more frequently a disgust to all victuals for several days. On such occasions, if he swallowed any thing but liquids, the sensations he felt in his stomach were not actually painful, but indescrib-

ably irksome. From the difficulty, too, which he felt in being obliged to perform the act of respiration, almost entirely by his voluntary powers, he believed he should die suddenly while in bed. About that time, he felt an irregular swelling in one testicle; and he began, for the first time, to suspect the real cause of his complaint. To prevent his relations becoming acquainted with it, he exerted his ingenuity to prevent them applying for medical assistance. He at first thought, that, by abstaining from his former practices, which he now resolved to do, he should recover without being obliged to have recourse to any other expedient, but this would not do; for now, in addition to his other distresses, his bowels became obstinately costive, and he could procure no evacuation, without the assistance of cathartic medicines. These, with the cold bath, and the internal use of bark and wine, and occasionally mineral waters, were the only medicines he used, till he applied to me.

He assured me, that he had nothing to accuse himself of for about two years. His eyes, however, seemed dull, and he complained of partial blindness, particularly for an hour or two after an emission, which happened from four to six times every week. He had no gleety discharge, nor had he ever, in any form, been affected with a venereal complaint. He complained of an almost constant dull pain in his back, and in his stomach, and an uneasy sensation in the left testicle, which he informed me had been swelled considerably for two years. On examination, I found that this was a very considerable enlargement of the convolutions of the epididimis, and also of the spermatic chord; but as the pain from it was inconsiderable, it gave him no alarm. His bowels were still in a state of great torpidity, so that, without the exhibition of a cathartic, he was



unable to procure an evacuation ; and, if he omitted the liberal use of bark and wine, his food, for several hours after taking it, produced the most uneasy sensations in his stomach ; on such occasions, he had most excruciating pains in his head.

On the 20th of December, I prescribed for him tinct. lyttæ  $\mathfrak{z}$ ss, aq. font.  $\mathfrak{z}$ vii,—a table-spoonful to be taken four times a day.

On the 23d I repeated this mixture, and with it the following powder, as, after every dose of the lyttæ, pain and uneasiness, about his stomach, became very troublesome,  $\mathfrak{R}$ . carb. ferri,  $\mathfrak{D}$ i, zinzib. alb.  $\mathfrak{D}$ i, cort. per.  $\mathfrak{z}$ i m. A tea-spoonful to be taken thrice a day in a little water or wine.

Before a week had elapsed, he felt slight uneasiness in voiding urine, but the pain in his stomach was not nearly so troublesome as before the exhibition of the powder. He remarked, that all tonics, particularly of the mineral kind, had uniformly agreed with his stomach, and he thought he had derived partial relief from the internal use of such mineral waters as are to be found in the neighbourhood of Edinburgh. Emissions, however, still continued as formerly. On account of the pain in his stomach, I desired him to take chamomile tea, instead of common tea, for breakfast, and nourishing animal food, for dinner ; with occasionally a laxative pill, composed of equal parts of extract of hyocianus and aloes. In this way he continued till the end of January, before he was sensible of any change in his complaints, and even then, there was only an abatement of those very distressing sensations, which invariably had followed the emissions, but no alteration in the frequency of their returns.

On the 1st of February, the pains in his stomach were, immediately after the use of the tincture, very troublesome. I therefore desired him to omit it entirely, and, in addition to the other articles

of diet, to use nearly a pint of port wine per diem, and, instead of eating at the stated periods, to take a small quantity of nourishing animal food, every two hours; but never to take it, in such quantity at once, as to satiate his appetite.

On the 25th, having suffered no pain in his stomach for about sixteen or seventeen days, he recommenced the use of the tincture in small doses, and his other articles of food, &c. were continued as formerly, with the addition of the cold bath every morning. By the 12th of April, gradually augmenting the doses, he could take about three drachms of the tincture per diem, which did not occasion any pain in his stomach, but kept up a constant degree of irritation in the urinary organs. The emissions did not now occur oftener than once, sometimes twice a week; and when they did occur, no disagreeable sensation was felt after them. His bowels became much more regular than formerly, and he only required one of the laxative pills every two or three days, instead of every day.

On the 15th of May, he again felt severe pains in his stomach, immediately after taking a dose of the tincture, in consequence of which I desired him to diminish the doses; but the pain being still produced, I discontinued the tincture entirely. I remonstrated with him on the impropriety and even danger of indulging in former practices; he assured me that he did not, as his anxiety to be relieved of his complaints was very great. I attempted twice or thrice to recommence the tincture, but even the smallest doses produced pain in his stomach; and he now observed, that almost immediately after taking a dose, he had an emission.

On the 1st of June, I therefore omitted the tincture, and gave him a saturated solution of



phosphorus in æther,\* with directions to take two drops in a glass of water thrice a day. He once or twice added one drop to the dose, more than he was desired to take. From the disagreeable sensations which he felt in his head, immediately after taking it, he did not, in future, feel much inclined to deviate from the rules laid down to him; but, with the greatest care and attention, continued to increase the doses till the 20th, when he told me that the emissions were now not oftener than once a week. I desired him to continue the solution, gradually increasing the dose.

In October following, this gentleman had enjoyed much better health than he had done for about three years before; his appetite was more regular, and the state of his bowels more natural; his sleep was undisturbed by frightful dreams, and the emissions occurred only once a week, and were unattended by the sensations formerly so distressing to him. I desired him to continue the medicine a few weeks longer.

On the 2d of June in the succeeding year, I was glad to be informed by my patient, that, although the swelling in the spermatic chord still continued, his health was good, and he was capable of exercising all his functions, and seldom had an emission.

Several years after, this patient continued in perfect health.

### CASE.

A GENTLEMAN, aged 23, when about 12 years of age, fell into bad habits. About six months after the commencement of these practices, he felt very disagreeable sensations about his generative organs. This was not an acute pain, but

\* I have, for some years, been in the habit of prescribing this very active medicine, in paralytic affections, and in certain diseases of debility, with very flattering promises of success. See the case of paralysis near the end of this work.

a sensation, as it were, of something trickling about his perinæum and testicles. Soon after this, he experienced great pains shooting along the inside of the thighs, and, from time to time, a sharp stinging pain darting along the penis. To these were added, incontinence of urine, which, as it was passing, and for a few minutes after, caused a burning sensation, with a sense of fullness about the glans penis. At this time, he had frequent cold shiverings, great restlessness during the day, and inability to sleep during the night, in consequence of being troubled by the most frightful dreams, the recollection of which, even while he was awake, terrified him.

In this situation he continued two years, when, in addition to the above complaints, he had frequent involuntary seminal emissions. An extensive ulcer, too, broke out on the penis, which was healed up in a few weeks by simple dressings. His urine, at that time, became very turbid and extremely foetid. The night discharges increased in frequency, and about a year after their commencement, he was affected with severe pains in the back and stomach, which spread to the intestinal canal, and he became very costive. Latterly these sensations had affected every part of his body, rendering even the friction of his wearing apparel painful to him. The great debility he now laboured under, was indescribable, and, on using the slightest motion, the semen actually run from him. He was advised to use sea bathing, (a very common advice with medical men, when complaints are likely to baffle them), but from this he derived no benefit; even while making the exertion necessary in swimming, seminal emissions distressed him, and this was immediately followed by cold shiverings and most distressing debility. The glans penis was swelled to an enormous size, and the preputium was pushed behind it. This conti-



nued several months, when the swelling began gradually to abate, but the prepuce never returned to its natural situation. This was soon succeeded by a continual perspiration all round the sacrum, and the parts immediately in its neighbourhood; and soon afterwards, he experienced most excruciating pains in all the lumbar vertebræ, which were followed by an evident distortion of these bones. General emaciation, to a great degree, soon followed, and inflammation again affected the penis, but much more generally than on the former occasion. It however only continued a short time, when it disappeared spontaneously.

An intolerably foetid discharge, of a yellowish colour, now proceeded from the corona glandis, and he applied to a surgeon, who told him that his disease was venereal, and prescribed for him a course of mercury. From this he derived no advantage, although he continued it several weeks. He was then informed, by his medical attendant, that his complaint was gravel, and was advised to use sea bathing for its removal. His penis and testicles now shrunk very considerably, and were drawn up so close to the abdomen, as scarcely either to be seen or felt. Soon afterwards, however, his testicles and scrotum swelled prodigiously, and, ever since that time, the convolutions of the epididimis have been enlarged, and distinctly felt through the scrotum.

For several years past, most of the above complaints have been stationary. By degrees, however, his mind partook of the general disorder; he became very timorous, and the least alarm threw him into great agitation. He became extremely weak, and quite incapable of following any occupation. Night sweats, with difficulty of breathing, hoarseness, and cough, prevented him sleeping even when he became drowsy. Great depression of spirits, with languor, dimness of sight,

tingling in the ears, and continual horror of mind, had, for several years past, been gradually added to his other complaints, which, when I first saw him, had rendered his life a great burthen to him.

I prescribed for him twenty drops of the tinct. lyttæ, to be taken in a glass of water, four times a day. He gradually increased the dose, and, at the end of four weeks, was taking half an ounce of the tincture daily, when it, for the first time, occasioned considerable pain in passing water. Being three or four miles distant, I did not see him when this sensation was first produced, and, continuing to take the medicine, in the same quantity, the pain occasioned was of course very severe. For two or three days, about that time, he passed water involuntarily, and an almost constant profuse perspiration pervaded his whole skin. I desired him to give up the use of the medicine for a few days, to apply warm cloths to the lower part of his belly, and to take a smart purgative. In a few days these uneasy symptoms disappeared, and I desired him to recommence the tincture, in very small doses.

With the usual cautions, which I have elsewhere recommended, he continued to use the tincture, sometimes in larger, sometimes in smaller doses; and, in less than three months, from the time he began the medicine, he became much stronger, took food better, and some of his numerous complaints had entirely disappeared. Even at this cold season of the year (January) I desired him to use the cold bath, which, in addition to the former prescriptions, he continued with the greatest advantage. I desired him likewise to take half a pint of wine every day, and to live on nourishing diet.

Under the properly regulated management of these prescriptions, he, by slow degrees, recovered from his complaints, and he was, in July fol-



lowing stout and active ; and, but for that general gloom, which his former state of body seems to have entailed on him, he has no complaint. I have desired him to decrease the doses of the lyttæ by slow degrees, and to continue cold sea-bathing for the remainder of the season.

Although the spermatic chord still remained enlarged, and he had occasional emissions, yet these were so rare as not to constitute disease.

### CASE.

AN unmarried gentleman, aged 30, was addicted to private indiscretion at so very early a period, that, from secretion of semen not subsequently taking place, he could not procure an emission; but, being ignorant of the bad consequence of such practices, he continued this habit to excess for a considerable length of time. The first bad effects, which he did not then attribute to that cause, was frequent giddiness, attended with a sensation as if the earth, as he expressed himself, was sinking under him. Still, he did not refrain from bad habits, and of course these symptoms gained ground. To these were soon added others ; he becomes perpetually apprehensive and alarmed, he knew not for what, on the most trifling occasions ; was almost constantly troubled with violent palpitation of his heart, stinging or shooting pains across his chest, and, on such occasions, he experienced flushing of the face, and a most disagreeable heat all over his body, particularly in the palms of the hands, and soles of his feet. His testicles now hung lower than usual, particularly the left, and the spermatic chord was somewhat enlarged, and very painful.

His mind seemed to partake of the general disorder, he became awkward and stupid to a great degree, all his mental faculties suffered consider-

ably, especially his memory, which, unless on very particular subjects, and these of the simplest nature, almost entirely left him. He laboured under a continual apprehension, that, at some period, not very distant, he should altogether lose his reason. What rendered his situation particularly distressing, was his being perfectly sensible of all his distresses, and of all his mental depravations as now related. He at length became greatly alarmed for his safety, and was in continual fear that he should expire suddenly when in bed.

It was not till this period, which was his twenty-second year, that he resolved to lay aside all those practices, which, he now concluded, must have given origin to his present state. Soon after this, he first had connection with a female, and this he repeated in moderation for a considerable length of time. His health now improved materially, the palpitation of his heart ceased, and he became somewhat cheerful in company; but still his mind was weak, unsettled, and so easily agitated, that it threw a damp on all the pleasures of life.

From his twenty-second till he arrived at his twenty-sixth year, he occasionally used cold bathing, which he thought yielded momentary relief, but produced no permanent good effect on his health. He at length, however, found that he had no inclination for sexual intercourse, nor were his powers, in that way, so vigorous as they had been for some time before. He tried the effect of nourishing diet, and regularly used mineral waters for two seasons, which he thought of advantage.

About his twenty-ninth year he was greatly improved in general health, his mind was at times cheerful, and even happier than it had been from the age of fourteen or fifteen. In short, in respect to his feelings, he was quite a new man.

One morning about this period while in bed, he



experienced the most unconquerable desire for sexual connection, but not having it in his power to gratify his desires at the time, he had recourse, the first time for five or six years, to his old habit. He was immediately after seized with a degree of stupidity, and a kind of derangement, different and much more distressing than he had ever before felt; a profuse sweat, too, instantly covered his whole body, so as to render his linens quite wet. He declared he never was in such complete misery, and he earnestly wished that every moment might terminate his existence. He suffered a sort of delirium, yet was sensible of his state: he leaped out of bed and bathed his face in cold water, but this only seemed to increase his sufferings; he put on his clothes and stalked about the house like a person in despair; drank several glasses of wine, then ardent spirits, but they had no effect on him. After this he went back to bed, to endeavour to procure some sleep, and the spirits he had used assisting him, he slept about two hours. He was now somewhat refreshed, but his mind was very much and strongly confused; he felt as if afraid of entirely losing his reasoning faculties; indeed, he assured me, that language could not convey his feelings at that time, and for nearly two years after, when he applied to me.

It is strange, that this patient scarcely had an emission oftener than once in eight, ten, and sometimes fourteen days; yet it is evident, that the effects produced on his general health, arose from the generative organs, caused by the same means which had, in most of my patients, occasioned seminal emissions.

Previous to his application to me, he used bark, wine, and carbonate of iron, which considerably improved his digestive organs, and even his general health; but still he was stupid, and, as he expressed himself, strange even to himself.

As there seemed no symptom, nor affection of any organ, to contra-indicate the administration of the lyttæ, I did not hesitate to prescribe that medicine, according to the method formerly adverted to, at the same time recommending the use of the cold bath.

He took the medicine eight months and two weeks, before he experienced any thing more than temporary relief. He had frequently, for a day or two, experienced greater comfort than before its administration, but uniformly relapsed into his old state. At the end, however, of the above period, he felt sensibly invigorated; his mind was more chearful, his testicles were not nearly so relaxed as formerly; and his penis, which had shrunk considerably under his abdomen, was greatly elongated. He continued the use of the medicine about seven months more, and is now perfectly recovered. His mind is still occasionally gloomy, but that is of short duration, and upon the whole, he enjoys life with considerable comfort.

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I have met with innumerable cases where indescribably unpleasant irritation in the bladder, and urethra was regularly produced, the same evening or the following day, after wine had been too freely used, or sexual intercourse indulged in; and, in some more advanced cases, the same sensations were experienced, during some period of every day, quite independently of indulgence in the use of wine, &c. Such cases are in general unattended with discharge from the urethra, nor is there any obstruction to the evacuation of urine, or, if any exist, it is slightly spasmodic. In most instances I could trace their origin to the improper use of the bougie. Their removal was uniformly effected by the tinct. lyttæ.

In many instances, also, of this disease, the



patient has assured me that he experienced a sort of sensation, as if a thread were firmly tied round the penis, immediately behind the glans — the urine, however, was seldom obstructed in its passage. By administering the tinct. lyttæ, the spot complained of, as above stated, was the first and most severely affected by it—indeed, the only part affected for a considerable length of time. As the patient, however, advanced toward recovery, the sensation produced by the tinct. lyttæ, became more extensive, or more diffused, and thus, spreading along the greater part of the urethra, no tightness was, at length perceived, and thus the cure was effected.

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I have only met with one case of seminal emission, where, from the deranged state of the parts, occasioned by the disease, they could not be restored to healthy action. The emissions entirely disappeared, at least did not return oftener than once in two months, and every symptom, such as painful erections in the night, horror of mind, and general debility, also disappeared; yet there existed a disagreeable sensation in the parts of generation, for which no more than temporary alleviation could be obtained. The patient continued the use of the lyttæ about eighteen months, and, in every respect, except the above sensation, has now completely recovered his health. He has taken none of that medicine for five months, and still he continues stout and active, and in better general health than he enjoyed for many years.

I have since met with nearly a dozen cases, in which, seemingly, from long continued disease, both the body and mind had become so excessively irritable that the administration of the lyttæ appeared inadmissible: the pains they occasioned in the head, with a sort of exhausting fever, induced me to desist.

## CHAP. III.

*Treatment of the Prostate Gland.*

THERE are few, perhaps no well authenticated cases, of a cure having been effected in diseases of the prostate gland, where the cause is not venereal; but when it is owing to a venereal taint in the system, then mercury is of much advantage. Topical applications are here of no use. Almost the only relief, I believe, which we can expect, is by the occasional introduction of a bougie or catheter, to draw off the urine when it becomes troublesome.

## CHAP. IV.

*Treatment of Gleet.*

I SHALL now proceed to point out and illustrate, a variety of peculiarities and circumstances respecting the cure of gleet, of which the safety of the patient requires that his medical attendant should be well aware.

GLEETS have sometimes disappeared spontaneously, though, when neglected at first, they have more frequently baffled all the means employed to remove them.

Sometimes they have been unexpectedly cured, by such means as induce an inflammatory action of the parts, as irritating substances thrown into urethra, a bruise, a fresh gonorrhœa, the super-vention of chancre.



“ I knew a gentleman,” \* says Mr. Hunter, “ who threw into the urethra, for a gleet of two years standing, Goulard’s extract of lead, undiluted, which produced a most violent inflammation ; but when this inflammation went off, the gleet was cured.”

My brother communicated to me the following case.—A dragoon officer, in Villiers’ regiment, was thrown out of his seat when hunting, and his *penis* was so severely squeezed, between the pommel of the saddle and his pubes, that a violent hemorrhagy ensued ; this was succeeded by a very considerable degree of inflammation, pain, and the secretion of puriform matter ; and, when the inflammation subsided, he found that he had got rid of a gleet which had been upon him eighteen months.

That gleet is often removed by a fresh gonorrhœa, is familiar to every one.

“ I have seen a chancre,” says Mr. Hunter, page 220, “ coming upon the glans, absolutely cure both a gleet and an irritation all along the passage of the urethra. So great was the irritation in this case, that I suspected a stricture, but, on passing a bougie, found none. I have seen this sympathy extend over the whole pubes, and so strong, that touching the hairs gently on the pubes, has given disagreeable sensations, and even pain.”

Facts of the same kind have come under my own observation.

† Fordyce thinks, that gleet is continued by the remaining venereal virus, and, accordingly, are to be removed by its antidote, mercury.

“ If the bougie passes freely, you will do well to set about the cure, by a proper quantity of mercury rubbed on.

\* See page 104 of his book on Venereal Complaints.

† Fordyce’s Review of the Venereal Disease, 2d edition, p. 51, of Gleet, § 8.

“ This quantity can, I think, be ascertained only by the change brought upon the matter in respect to its colour, or consistence : where such change does not take place, as will sometimes happen, I rub on three or four ounces, so as scarcely to leave the possibility of a pocky cause remaining.”

What he says here concerning the changes of the matter, shews that it was not the pocky cause, but the atony of the parts which he removed, by inducing inflammatory action, or rather the suppurative stage. “ How many obstinate gleets,” says he, “ of two, three, or four years standing, have we seen effectually cured by a mercurial injunction ?”

This is one of the many instances which show how powerfully hypothesis influences the mind, and vitiates the reason. He never dreamed, that these complaints might have been much more easily cured, by other means which induce inflammation, quite independently of any such remedies as may remove a pocky cause.

The cases, called, by Mr. Whately, gonorrhœa, which he cured by the stimulant injections of the muriate, and submuriate of mercury, were just such gonorrhœas as are synonymous with gleets ; and I would venture to make a similar remark on the cases of gonorrhœa and leucorrhœa, which Pearson and Blair treated with such acids as the nitrous. They were at one time successful, at another unsuccessful, because they did not carefully discern the difference in the diathesis, when these remedies were exhibited.

Mr. Hunter is of opinion, that the consequence of gonorrhœa is often incurable, (page 34). “ These diseases may be considered only as an inconvenience entailed on those who have had venereal gonorrhœa. *No certain cure for them is known ; they are similar to the fluor albus in women.*

I affirm, with no small degree of satisfaction,



and the cases to be related will prove what I affirm, that such gleet and fluores albi as Mr. Hunter here pronounces incurable, are the same as those which have completely disappeared during the internal administration of the lyttæ.

Mr. Hunter mentions these diseases in terms much too mild ; for every practitioner must have known, from his own observation, that they are not only inveterate, but produce the most distressing consequences. Falck was well aware of this. " There is," says he (p. 132), " something so very gentle in the sound of a gleet, that the patient is very little concerned at it; and too frequently less so, the practitioner he applies to : for my own part, I had rather cure ten recent virulent claps, than one old standing gleet."

Although, for a considerable length of time, gleet is only a local disease, yet the application of local means seldom, except in the most trifling cases, effect a cure : but stimulating remedies, being applied to the general system, the parts affected, as a part of the whole, are restored to healthy action.

I would not be misunderstood, when I speak of curing gleet by a stimulating plan ; for, irregularity in diet, indulgence in strong liquors, excess of exercise and venery, all do harm in every case of gleet. I have found these complaints most successfully treated by moderately nourishing diet, and gentle exercise, the internal use of the balsams, bark, or the carbonate of iron, sea bathing, with injections of the infusion of cinchona, or of the quercus robur and kino. Sometimes, however, these means only alleviate the complaint, and the discharge continues of a puriform appearance and consistence. When this occurs, it should be treated as confirmed gleet.

I have, in a former part of this work, pointed out these varieties, or rather various states of gleet,

which I recollect to have occurred in practice; and, I believe, there is no instance where the treatment should be exclusively local, or exclusively constitutional; for, in all cases, we must attend to the particular idiosyncrasy—to the stomach and bowels, and to the nature of the discharge from the urethra. In some cases, our treatment must be chiefly constitutional, in others chiefly local.

In cases of confirmed gleet, accompanied with general debility, our treatment must be chiefly constitutional; for here neither stimulant injections into the urethra, nor a whole laboratory of the usual trifling internal medicines, can promote a cure; nay, I affirm, without hesitation, because I have really seen it happen in analogous cases, that local applications, even so strong as to destroy the parts altogether, would never induce healthy inflammation; but when the system is assisted by proper internal remedies, this healing action can be induced and maintained with safety, without the necessity of any acrid local application.

In cases of mild or incipient gleet, where the health is sound, we may, at first at least, trust to local means. One local application, which, although in many thousand instances injudiciously applied, has been of great utility, and which should certainly not be overlooked—I mean the bougie.

There are plethoric habits, although not very commonly met with, enjoying, to all appearance, health and vigour, which yet cannot well bear either the antiphlogistic or phlogistic regimen.

In these habits the constitution may be otherwise sound, yet there is great atony of the penis, and an obstinate gleety discharge, so that the complaint is, as far as can be, in a system constituted like ours, completely local, and yet does not yield to the cold bath, cold ablution, sti-



mulant nor sedative injections; but a tolerably thick bougie, prepared after the manner of Le Dran, besmeared with olive oil, containing tinct. opii, will distend the urethra; promote the circulation there, and throughout the vicinity, induce inflammatory action, and the formation of laudable pus; in fine, complete the cure. So that we have a most excellent resource, when constitutional means are not indicated, or would be detrimental, and when the more common local and external means are ineffectual.

There are others, who, though they can scarcely be deemed of very sound or healthy constitution, yet enjoy their usual health. Such are people predisposed to apoplexy, to phthisis pulmonalis, asthma, &c.; when they take such medicines, as excite the system, they are seized with head-ache, vertigo, breathlessness, or similar symptoms. In such cases, when injections have failed, we often succeed by the bougie. To some persons, however, the bougie is intolerable.

Though, in particular cases, internal stimulants are dangerous, injections ineffectual, and bougies inadmissible, we are not without resource; for vesicatories, applied to the perinæum, will, in many instances, remove the disease.

Thus we perceive how necessary it is to attend to peculiarities of constitution, and to vary our means of cure accordingly.

No man's genius was ever more fertile in expedients, in difficult cases, than that of Mr. J. Hunter; and as his experience, with regard to vesicatories, in circumstances somewhat similar to those in which I would advise their use, completely corresponds with my opinion of their utility, I hope I shall not be blamed for quoting the following very instructive facts and observations.

“A blister\* applied to the perinæum will entire-

\* Hunter, p. 98.

ly cure some of the remaining symptoms, even when they extend towards the bladder, as will be explained hereafter; indeed it appears to have more effect than any other remedy. A blister to the small of the back will also give relief, but not so effectually as when applied to the perinæum.

“ This practice,” continues Mr. Hunter, “ is not only of service where there has been a preceding gonorrhœa, but I have found it remove, almost immediately, common stranguries, where the turpentine and opium, both by the mouth and anus, had proved ineffectual, and when the catheter had been necessarily introduced twice a day, to draw off the water.

“ Electricity has been found to be of service in some cases, and therefore may be tried either in the first instance, or when other means have failed.”

And he further adds: (p. 106.) “ A gentleman informed me, that he had cured two persons of gleets, by applying a blister to the underside of the urethra; and I have known several gleets, of old standing, after having baffled all common attempts, cured by electricity.”

Mr. Ben. Bell,\* found vesicatories, the most effectual remedies he ever employed, when the glands of the urethra were affected.

In the opinion of surgeons, with regard to gleets, there is an error, which cannot be too speedily exploded. A celebrated surgeon, for instance, assured me, it was his firm belief, that ninety-nine gleets in the hundred, depended on stricture, and were to be cured by the caustic bougie.

How then does it happen, that, in my practice, and I believe I have seen as many gleets as most medical men, I do not find one in the hundred, in

\* Bell, on Gleets, p. 204.



whom there is any stricture? Nay, in by far the majority of cases, there is not the slightest impediment nor diminution in the flow of urine.

This appears to be the principal source of the mistake; they think, that, since bougies act by distention, or by cauterizing the parts, and thus remove gleet, these gleet must depend on contraction; but the fact is, the bougie acts as an external stimulus, exciting the membranous and muscular structure of the penis, produces inflammation, as we have stated above, and thus the cure is accomplished. This inflammation, however, might have been produced, and afterwards regulated, with much more steadiness, by internal means. External applications are always uncertain in the extent of their action—internal means are seldom if ever so, unless by inattention or ignorance of their nature.

The following occurrence has also contributed not a little to this error, respecting the bougie. When a bougie is introduced, it often excites the urethra partially or generally into contraction, and this temporary obstruction is rashly pronounced a stricture; caustic has been applied to remove it, by which, and the repeated irritation of the bougie, real strictures have been formed, with consequences the most distressing to the patient.

In the early part of my practice, this repeatedly puzzled me; for the bougie would stop frequently at the very same spot, and receive a mark from the interruption; but, by soaking the parts in warm water, and injecting oil, or oil with opium, into the urethra, I have generally, after a few attempts, succeeded in getting the bougie into the bladder, not, however, without difficulty, for new interruptions, of a similar nature, oppose our progress: but one yields after another, till at last we accomplish our purpose; and, after withdrawing

the instrument, the same obstacles will, perhaps, oppose its re-introduction.

There is, at least, one other cause of fallacy ; part of the urethra often remains so irritable, that it is provoked into contraction, when any acrid substance is applied ; hence it often happens, that, when the urine enters the urethra, it produces very painful sensations ; the urethra contracts, and the urine either flows in a very small stream, or is quite interrupted.

Here, as in the former instance, the bougie, on entering, excites obstructions to its own passage into the bladder ; but they are removable in the same way ; and, having once ascertained the absence of stricture, its reintroduction is unnecessary. Of late years, indeed, I have altogether dismissed from practice, the plan of endeavouring to ascertain the state of the urethra, by the introduction of the bougie, and many are the advantages I have reaped from this change. I find that every useful information may be obtained, by ascertaining if the urine passes in a sufficiently large stream.—I care not whether it be forked, twisted, or compressed, so that it may have an opening to escape by.

On the removal of gleet, in such cases, the stream of urine generally becomes, in every respect, natural, which, almost to a certainty, it would not have done, had bougies been used. We shall, therefore, find it a good general rule never to use a bougie, to ascertain the state of the urethra, when the flow of urine along that canal, is convincing enough that no obstruction, or at least, no material obstruction, is there.

There are numberless instances in which stricture has been removed, and yet gleet has remained, not to be cured by the bougie. In Sir Everard Home's works we find many examples of this fact.



Finally, all the means which have been known to cure gleans, may be comprised under one head; such as promote and invigorate the functions of the parts affected, or the system in general.

### CASE.

A GENTLEMAN, aged 22, applied to me on account of an inveterate gleet, of very long duration; he said, that the affection only annoyed him by its being uncleanly; and the remedies he had employed, being both ineffectual and more troublesome than the disease itself, he contented himself with washing the parts frequently, in expectation that it might wear off through time.

I represented to him, that the consequences might be dangerous, and that he should not look on it with such indifference; adding, that I believed means might be found to remove his complaint. Accordingly, I prescribed the tinct. lyttæ, and, after his complaints underwent various changes, in rather more than two months he entirely recovered.

### CASE.

A GENTLEMAN, aged 30, stout, and of dark complexion, when intoxicated, caught gonorrhœa.

I examined the parts, and prescribed for him. Of this disease he was completely cured before the expiration of a month.

A few months after, he again begged I would assist him, as he had, for two weeks past, been severely troubled with a thin transparent emission from the urethra, attended with a sense of weakness, which much impeded his attention to business, and he was afraid might speedily undermine his constitution, which was otherwise good. I

I prescribed tinct. lyttæ, which he continued to take for about two days, when great pain and inflammation of the urinary passages attacked him; wherefore I prescribed a mild solution of sulphate of zinc, to be used as an injection into the urethra, and, at the same time, ordered him a smart cathartic.

After this, the inflammatory symptoms rapidly abated, the discharge, which had assumed the puriform gonorrhœal appearance, became daily less in quantity, and, in about a week, was entirely removed.

In this instance, inflammatory action was excited by a very inconsiderable quantity of the tinct. lyttæ; and, indeed, I have invariably, so far as I can recollect, found, that the shorter the duration of gleet, and the more healthy and stout the patient, the sooner were the inflammatory symptoms induced; shewing, as I presume, that the effects of the remedy depend much on the state of the general constitution; and not simply on any peculiar local influence on the organs of urine. Other cases, however, which I shall produce, in my opinion, establish the truth of this remark beyond the reach of doubt.

### CASE.

A GENTLEMAN, aged 55, a small meagre man, married, and father of a family, mentioned to me that he laboured under an uncommonly severe gleet, but, at the same time, said, that he had no hopes of cure, as many practitioners, both in England and Scotland, had prescribed for him in vain; but, as the effects of it were now very severe, he requested I would devise some method of relief, as, to use his own phrase, life was become a burden to him.



On minute enquiry, I found that he had been affected with a discharge of this nature, from the urethra, for about twenty years, which he attributed to the effects of a bad custom, originally commenced at school, and since aggravated by repeated claps.

Such was his situation, that, besides a continual gleety discharge, emission of semen succeeded the most trifling erection, and straining at stool had the effect of producing it; which was followed by languor, and great depression of spirits.

Though married, connubial enjoyment was beyond his faculties; but this was not his only misfortune; head-ach, loss of appetite, lumbago, incontinence of urine; in fine, general emaciation and debility, threatened the speedy termination of his life.

All the most common means had been employed to remove his complaint, and to make him undergo a repetition of the same, was neither consonant to my feelings, nor to the state of my patient. I therefore prescribed for him the tinct. lyttæ, which he continued to use, progressively increasing the doses, for about a month, when his complaints disappeared.

He soon afterwards joined his family; but his kind wife, expecting nothing more than she had for many years received, made no demands, and he, for his part, did not endeavour to convince her of her mistake, but exerted his powers in a way not quite so legitimate as moral probity could wish, of which there in a short time appeared living evidences.

This patient had a return of his seminal emissions, but, by a perseverance in similar treatment for a few months, he entirely recovered.

## CASE.

A GENTLEMAN, aged 23, laboured under a gleet for some years. He applied first to a surgeon, who gave him the common injections. They arrested the running for a short time, and, when it returned, he applied to another surgeon, who advised the balsam of copaiva; and, after he had used it for about a month, bougies were employed. Their introduction gave little uneasiness, and their use did no service; he recommenced the balsam, but in vain. Sometimes, indeed, these remedies seemed advantageous, but the disease was now worse than ever.

I told this gentleman, that I had more than once experienced the most salutary effects from a certain method of treating gleans; but that I could scarcely advise him to attempt it, on account of his extreme irregularity of living, as it would require uncommon attention, both on his part and on mine; otherwise the consequences might be very troublesome, if not dangerous. He replied, I had nothing to fear, since his passion for the fair sex had lost its predominance. His general health was much impaired, and a very small proportion of wine or ardent spirits, intoxicated him. He said, too, that it was out of his power to remain in town, but that I might prescribe without fear, as he was resolved to obey my injunctions most minutely. Accordingly, I ordered him a portion of the tinct. lyttæ, and he was instructed to pay the utmost attention to any change which might occur in the state of the discharge; whether pain supervened in the penis, kidneys, or stomach, or any difficulty in passing water; and if such symptoms occurred, to intermit or diminish the doses of the medicine, according to their severity; but if they did not at all intervene during its use, to let me know in time, that I might transmit him a



supply, before the first quantity was finished. Consequently I received a letter from him, stating that no pain had troubled him, and requesting to know how he should next proceed.

I ordered him a second mixture like the first, but increased the doses. He had only taken of it a few times, when he was seized with excruciating pains in the parts of generation. He now ceased to use the lyttæ, till he should receive farther instructions. I wrote him instantly to bathe the parts with warm water, to take a cathartic, and use the injection into the urethra, with both of which he was furnished on his departure from town; requesting him, at the same time, to let me know, by return of post, how he should feel, after he had observed the directions then given; but I got no other information concerning this case till several months afterwards, when I saw the gentleman. He was then married; and I had the pleasure to receive thanks for having accomplished in him a perfect cure.

### CASE.

A GENTLEMAN, aged 32, stout and active, contracted gonorrhœa, which, in consequence of inattention, was not removed for more than two months.

Six months after he perceived a slight gonorrhœal discharge, but was unwilling to allow that he had exposed himself to fresh infection. He now used injections, nitras, and supertartris potassæ, and the cold bath daily, with apparent advantage; but the least irregularity, in diet or exercise, renewed the discharge.

He at length became tired of medicine, and confined himself to the cold bath once a day; all pain was gone, but the discharge and debility of these organs proceeded increasing. By my advice,

he commenced the use of the tinct. lyttæ; but, as he scarcely expected any advantage from the medicine, did not use it with any punctuality; he however increased the doses, recovered completely, is now married, and remains well.

### CASE.

A GENTLEMAN, aged 25, was affected with gonorrhœa, to remove which he employed the common means with success.

The discharge had never been very copious, was of a glary appearance, and he suffered much from a continual soreness in the urethra, about an inch from its external orifice; but did not think, that the stream of urine was smaller than formerly.

He had lately been living rather irregularly, and now complained of incontinence of urine.

I wished to introduce a simple bougie, to ascertain the state of the urethra; but he would not allow it to be done.

I then prescribed the tinct. lyttæ for a few weeks, when the discharge diminished gradually, and at last disappeared, leaving, however, a certain sensation, scarcely to be called uneasy, in the urethra, particularly on passing water. He went into the country, had much exercise on horseback for some days, got himself frequently wet, and also exposed himself to a new infection; soon after which, the discharge returned, and the sensation went off. This new discharge was whitish, watery, and very copious.

Are we to consider this a new infection, or as the effects of the former disease not completely cured?

We are to observe, that there still remained a certain sensation in the urethra, which went off when the discharge returned, and that the new



attack was neither ushered in, nor accompanied with inflammatory symptoms; and when we recollect, that gleet often succeeds gonorrhœa, at some distance of time, it is not improbable, that the peculiar sensation, above described, was a relic of the inflammation the lyttæ had excited, which terminated the atony of the parts, and a removal of the gleety discharge.

There are some particular circumstances, which, in some measure, invalidate this opinion. The discharge, at first, was not of a very inflammatory kind, nor very copious, but became copious during the complaint; however there was a continued pain and soreness in the urethra after the first attack, which had, on the second, entirely gone off. Had it been a fresh infection, have we not reason to think, that the pain would have been renewed? On the whole, then, I am inclined to think, this a relapse of the former complaint.

I again wished to introduce a bougie, to ascertain the state of the urethra; but he would not suffer it. On the idea that this was a relapse of the affection, I advised him to resume the use of the tinct. lyttæ; but he refused this also, saying he was tired of it. I then prescribed an injection of sulph. zinci, expecting, that the inveteracy of the discharge would at last induce him to re-employ that remedy, which had already been of service to him. He used the injection occasionally, but the discharge continued unabated.

In the beginning of August following, he informed me, that, having indulged himself lately with a female friend, a great quantity of blood flowed from his urethra during the night, and next morning he found that the gleety discharge had nearly disappeared, and with it the disagreeable feeling which had again attacked the urethra. I ordered him to continue the injection.

He told me, about twelve weeks afterwards, that his complaint had entirely ceased, and that he had long given up the use of the injection.

This event seems to confirm the opinion which I had formed of this occurrence; for, is it not probable that the discharge proceeded from the above mentioned painful spot, which was healed by the inflammation which followed the hemorrhagy?

### CASE.

A GENTLEMAN, aged 29, stout made, had a gonorrhœa, about three years before he consulted me, which was cured by the usual means.

When he applied to me, he was affected with symptoms of a violent nephralgia calculosa, of which he conceived himself perfectly cured by the pill. sodæ,\* in about six weeks, during which he voided, in his urine, a great deal of something resembling sand. Soon after this, a gleety discharge made its appearance, and continued long upon him.

From the previous affection, and the continual uneasiness in the region of the kidneys, particularly when the discharge is aggravated by hard exercise, or hard drinking, we have reason to presume, that a disorder of the kidneys had no small share in this complaint. After drinking, he had always observed, that the matter discharged became much thicker, but this inspissation soon degenerated, and the discharge resumed its gleety appearance.

I prescribed for him the tinct. lyttæ, which, before the cure, caused a very great increase in

\* These pills are composed of equal parts of calcined soda and bread. In many instances, I have found them of great service in these complaints.



the discharge. This, however, gradually disappeared, and he is now perfectly well.

### CASE.

A GENTLEMAN, aged 35, a robust man, lived very irregularly for several years, without much apparent injury to his constitution. He contracted a gonorrhœa, for which he used injections of various kinds; but, in the course of a few months, it declined into a gleet, which did not trouble or alarm him much, till one evening, about two months afterwards, after drinking a very great quantity of port, he suffered a complete suppression of urine for several hours, after which, the water came away in drops, attended with great pain. A medical man, to whom he related the above account of his disease, proposed to introduce a bougie, but to this the patient would not submit. Almost immediately after taking a dose of the phosph. sodæ, he passed water freely, the gleety discharge remained as formerly, but somewhat thicker in consistence. He used no other remedy.

About a week before he consulted me, a pain attacked him in the perinœum, where I found an elevated spot, painful when touched. He passed water without pain, and frequently in a full stream, but it sometimes stopped suddenly, and then the spot above mentioned became painful, and continued so for nearly half an hour. I prescribed for him the tinct. lyttæ, which he continued to use, with considerable steadiness, for nearly a month, when he was perfectly recovered.

This case was mistaken for stricture, and since some surgeons believe that the gleety discharge is for the most part only a symptom of stricture, the mistake was very excusable, particularly here, where some of the characteristic

symptoms of stricture, with complete suppression of urine, were present.

This case shews the necessity of distinguishing between spasmodic and permanent strictures; for, the circumstances alone of the stoppage coming on suddenly with pain, and being suddenly removed by the means which the gentleman himself had used, convinced me, that this was not a case of permanent stricture, but an occasional partial contraction of the very irritable urethra, caused perhaps principally by the acrimony of the urine, and to be removed by whatever remedies could restore the tone of the urethra, without distention by bougies, or the destruction of any obstacle by caustic.

### CASE.

A GENTLEMAN, aged 21, of very irritable habit, contracted a gonorrhœa. He used injections of sulph. zinci far too strong, and thus soon excited violent inflammation of the urethra with strangury. In two days, the discharge of the gonorrhœa was almost completely removed. Ophthalmia affected him at the same time.

A surgeon prescribed for him, a solution of sulph. zinci for his eyes, applied leeches to his temples, and gave him smart cathartics. The gonorrhœa returned in a slight degree, and increased as the strangury abated. His surgeon told him not to use injections, for they almost always brought on strictures, but to allow the complaint to *run itself off*, which he assured him it would do in a very short time. All medicines, in gonorrhœa, he pronounced not only useless, but often productive of great distress. The pain in voiding urine soon left him, the discharge became thin, and in great quantity. He now used injections composed of tinct. opii, camphor, and wa-



ter; they gave relief, but, when their use was intermitted for a few days, the discharge returned, of a puriform consistence, attended with very slight pain in voiding urine.

I desired him to discontinue the injections, and prescribed for him the tinct. lyttæ, which he continued to use, with varied success, for upwards of two months, when his complaint entirely left him.

During his use of the lyttæ, the glands in the axilla inflamed, suppurated, and broke, but they healed very speedily.

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## TREATMENT

OF

## SPASMODIC STRICTURE.

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### *Introductory Remarks on the Treatment of Stricture.*

I ONCE proposed making a general review of the best of the numerous books which have, especially of late years, been written on the subject of stricture. I now, however, find that the opinions of every author, respecting the points which seem to me to demand the greatest attention, (*viz.* the practical ones), are so nearly alike, that a plan, of this extensive kind, would not only be uninteresting, but unnecessary.

Instead of ascertaining the real nature of the disease, and of the plans which ought, at an early period, to be adopted, for the purpose of pre-

venting the urethra from assuming that state of action, which might possibly require the application of caustic for its recovery, they seem rather to take it for granted, that such a state existed from the first, and their whole attention has been directed to the invention of some sort of instrument, or of some new substance, for its removal.

As the publication of Sir Everard Home's works in particular, on that subject, has given rise to much controversy, and, as a man of honour, and solely anxious for the progress of medicine, I declare it, in my own opinion, the cause of much unnecessary torture to many individuals, I shall occasionally take notice of those parts, in which to me such practice seems to have been unskilfully applied. As these opinions no doubt are the very best which Sir Everard could adduce, and told in his very best way, as illustrating his peculiar notions, respecting these diseases, his doctrine will be seen to no disadvantage, nor can any criticism upon them be considered as misapplied.

In Sir Everard Home's practice, many cases of a less decisive nature must have occurred, and, as I can have no opportunity of examining these, I must leave the thinking part of the community, to conjecture the probable number of unsuccessful cases, which must be unpublished, besides those which I shall point out now in the hands of every one. This, however ungracious the task, I am constrained to do, in order that the world may judge of the truth of the principle upon which they have been treated. Of personal motives, I have none. My practice and that of Sir Everard's can never interfere. I am only desirous of rectifying an important part of medical reasoning and practice, and, in order that my reasoning may be clearly understood, I am bound to point



out the passages in books, written in direct opposition, to what I deem correct.

It is only necessary for any one to take a wrong view of the subject, of which he treats, which I think Sir Everard Home has most decidedly done, to render all his speculations and proceedings, however ingenious, respecting it, more or less erroneous. Such has been too often the case, in reasoning upon, and treating diseases in general, and in none so much as in those termed strictures in the urethra, rectum, æsophagus, &c.

Many years ago, while reading Sir Everard's book on strictures, while I was pleased with the simplicity of his language, and the plainness of his descriptions, I could not help thinking, that, in the treatment, of many of those cases, with which he has favoured the world, in illustration of his doctrines, he had applied that harsh, and I must say repulsive, mode of practice; where, even from the circumstances, which he himself has stated, he had no right to adopt such practice; nay, further, were I disposed to doubt Sir Everard's authority, I should be inclined to pronounce that, under certain circumstances, connected with some of his cases, no such result could be obtained, from the application of caustic bougies. In short, I conceive, and I shall attempt to prove it a very exceptionable book.

These opinions, respecting the application of caustic to the urethra, remained with me, for some time, scarcely more than conjecture, as I then had no opportunity of ascertaining their certainty, from practice. Since then, I have not only had ample opportunity of confirming them by experience, unbiassed by any particular hypothesis or theory, but facts have crowded upon me, from every quarter, to convince me, that *permanent* stricture, in the urethra, is, unless caused by improper treatment, a very uncommon disease, and that



Sir Everard Home's treatises, on that subject, are much more faulty than, at first reading, I conceived them to be. Yet, strange to tell, a man, in the fashionable world, can scarcely be recognized as properly initiated, unless he has submitted to burning by caustic.\*

It must appear to every one, that, when one particular mode of treatment is uniformly adopted, for the removal of disease, and pertinaciously persisted in, in spite of observation and of reason, we may rest assured, that the department of science, which ought to regulate that particular part of our art, is either in a wretchedly imperfect state, or kept under and neglected from improper motives. Men, entertaining particular practices, which they are never at a loss to apply, unless for want of a subject to apply them on, have never permanently ranked very high in the scientific world.

We have at one time been amused with animal magnetism, in the removal of a variety of diseases, at another, with electricity, since that, with Perkins' tractors, and, of late years, in a very serious way, with burning, for the removal of imaginary permanent stricture. All these have, in their turn, been supported and maintained with a fury, with a madness I should say, which no truth, in a really scientific improvement, would require for its establishment. They were at length *found out*, and, with a very few exceptions, in the application of electricity, and more numerous instances in the last of these, *viz.* burning with caustic, have, or ought justly to be consigned, to the tomb of all the Capulets. Indeed, on recollection of the novelist

\* The *furor* for strictures and caustic bougies, indeed bougies of every kind, has of late years greatly abated, even among their former supporters. Another imaginary complaint has been substituted for these, which is even more widely applicable than the former, this is liver complaints, without which it is highly unfashionable for either man, woman, or child to exist!!!



introducing Dr. Sangrado with all his bombastic reasoning and practice, which, as is usual even in real characters, of the same kind, did not at all correspond with it, and after the ludicrous figure my uncle Toby and Corporal Trim cut at *their* hobby, it is astonishing that science should be assailed, even in our own days, with follies equally absurd with the latter, and cruelties not less conspicuous than the former.

With regard to my examination, of published opinions, it has always seemed to me, that, when a man, be he what he would, submitted his opinions to the world, he appealed to the judgment of the world, respecting the superiority of his work, and these opinions, therefore, should or ought to be examined, and only held valid, where unbiassed reasoning could support them. I can have no wish to object to Sir Everard Home's, or any other person's doctrines, as a private individual, indeed in that capacity I should never have thought of making a single proposition respecting them. I do not personally know the baronet, nor have I ever seen him; my knowledge of him is wholly in matters of science. I conceive myself, and I conceive Sir Everard, while he practices medicine, to be merely a servant to the public; one engaged in the arduous task of relieving human misery, *in the easiest way* for the sufferer; and I deem myself perfectly at liberty, even without attempting to offer an apology, to make such remarks on his, or any other person's published opinions and practice, as I may think proper. I invite the same on my own; and if it be proved, that the opinions I have submitted to the public are faulty or imperfect, I shall not be offended, but on the contrary be pleased, either to admit or to refute such observations.

Stricture in the urethra seems to me a disease much easier understood, as well as removed, than

one would expect, from the multitude of volumes which have been written upon it, as well as from the controversies, wranglings and disputes, to which the very name of this disease has given origin. In short, the many publications which this disease has occasioned, demonstrate clearly, that much misunderstanding exists, respecting its real nature, even among those who pretend to teach others every thing concerning it. As stricture of any kind, and healthy action in the same parts, are incompatible with each other, our first object during the existence of that disease, is to ascertain, which we may do by unbiassed examination, in most cases, what the particular action is, which preponderates, in the urethra, at the time. Spasmodic action may exist in a violent degree, independently of any cause which we can assign for its presence; it may also exist in consequence of long continued debility of these parts, and be preceded, accompanied, or even followed, either by gleet, seminal emissions, or total impotency. Permanent stricture also may exist in consequence of long continued spasmodic stricture, causing a deposition of matter at the spot, and may be occasioned by any of the preceding causes; but it is most generally induced, in a greater or less degree, by the rude application either of common or of caustic bougies.

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## CHAP. V.

### *Treatment of Spasmodic Stricture.*

It is a curious fact, which I cannot avoid introducing; that, since my practice, in diseases of the generative organs, has been rather extensive, almost every gentleman who consulted me, did so



✓ in consequence, as he asserted, of being affected with permanent stricture, and was, in general, very solicitous to have a bougie introduced into his urethra.

These spasmodic affections, and indeed almost every morbid affection, of these parts, being asserted, to depend on permanent stricture, often leads many gentlemen into an erroneous belief, that they are affected in that way. I have seen various individuals, whose mind was thus biassed, while, on the closest examination, I could find no stricture, but such as existed in their own bewildered judgment, and there, indeed, a most permanent stricture existed, in many of them.

I have, in almost every such instance, found that the sole seat of their complaint was purely a spasmodic state of the urethra, removable only by stimulant, or by anti-spasmodical medicines, internally administered, or externally applied, with the judicious and very cautious use of the simple bougie, or in the seminal vessels, attended by debility of these parts, causing occasional unnatural seminal emissions, or in the membrane of the urethra, in consequence of gleet. One or other of these morbid states of the parts, not unusually, causes an irregular action of the muscles of the penis, and occasionally produces temporary twisting of the stream of urine. This is at once pronounced a permanent stricture. It is in such indiscriminate modes of procedure, that I most decidedly differ in opinion from all the discoveries of permanent strictures. But this is not all, for, not contented that the irregular action, caused by the previous disease, is enough, they, to make matters more complete, introduce a bougie into the urethra; an additional irritation, and contraction of the parts being thus brought on, the assertion of permanent stricture can no longer be doubted. Thus the caustic bougie is found ne-

cessary, and is introduced to burn away what the common bougie had, in a great measure, produced; the parts being alternately irritated, contracted, and burned, till fistulous ulcers, and other the most alarming consequences, assume too serious an appearance to admit the continuance of such practice.

It is in such cases, which are, indeed, every day to be met with, that the medical attendant's judgment will either restore his patient to perfect health, or doom him to a state of lasting misery, of which language can give but an extremely imperfect representation.

The most important duty, therefore, of the medical attendant, is to pay particular attention to the seat, cause, and condition of the disease, immediately previous to the application of his remedies. From neglect of this, many professional errors have been committed; indeed, it is from this alone that almost all our errors arise, at least more than from any other source immediately connected with the profession.

Almost all diseases and contractions, or a disposition to contraction, in the urethra, among the rest, are simple in their nature at first; and, either from the circumstance before mentioned, or from neglect, they are rendered complicated, and even sometimes dangerous.

A morbid condition of the urethra, for instance, when neglected or misunderstood, will bring the bladder, kidneys, and other relative parts, into a state of disease, although these organs were quite healthy before. Thus the first cause of disease being neglected, and, if any, perhaps wrong treatment employed, it will be difficult, perhaps impossible, to say, in this complicated state of causes and effects, what was the original disease, or where we ought to begin the administration of our means of relief. Had proper attention been paid at first, and a correct knowledge of the



nature, and seat, of the disease ascertained, a simple bougie might have prevented all the subsequent distressing consequences. Even although, from a simple obstruction in the urethra, the bladder, kidneys, &c. may have become slightly affected, on the removal of the original disease these organs will return to their natural functions. Still, however, we must not depend on such a favourable issue, as often, very soon after these parts have become affected, in consequence of obstruction in the urethra, for instance, their organization and functions become permanently altered, and are incapable, by any means with which we are at present acquainted, of being brought back to their original healthy functions.

If the urine can, in any form or shape, be passed from the bladder, before its retention causes irritation and uneasiness, a bougie ought never to be used. Permanent stricture, where alone the caustic can be of use, is *scarcely ever* the cause of such a state, till, in addition to the disease, the improper application of bougies make it. The original morbid affection, depending solely on derangement of the seminal vessels, or the membrane of the urethra, must be removed by other means—not bougies. Of these I treat in their proper place.

Mr. J. Hunter observes, that “when a bougie can readily pass, there is no necessity for using any other method to remove the stricture;” and I certainly would add to this, that, when the urine can flow, in a full stream, through the canal, there is no necessity for applying either the one or the other, although in Sir Everard Home’s book we find many cases, in which he applied caustic, when the stream was sufficiently large. Thus acting against the very symptom, which nature pointed out, viz. the stream of urine, that there was no obstruction in the urethra. A bougie,

however, being, in some of these cases, introduced, brought on spasm, for the removal of which he applied caustic, and, as he observes, the patient, in some cases completely, and in others *nearly*, recovered.

It is very evident, from the language, even of the advocates for the application of caustic, and for the use of the common bougie, in the removal of stricture, that the contraction of the parts is very apt to return ; and, it is also allowed, that a relapse, after burning with caustic, is uniformly worse than after the use of the simple bougie. When strictures were removed by either of these methods, Mr. John Hunter, in the later years of his practice, publicly stated, that such benefit was only temporary ; and yet the same Mr. Hunter (I wish he were living to speak for himself) is *dragged* forward to sanction all the atrocities of this baneful practice, and to support its advocates in all their blunders. It is thus evident, that the application of bougies is more calculated to remove the *effect* of the contracting power, than the *cause* of that disease ; in short, that they at most remove only one symptom, while that action, on which the disease rested—on which it wholly existed, is suffered to remain unchecked. Indeed, no topical application *alone* can effect this purpose. The writers on these subjects wanted something, but they did not know what they wanted ; some recommend internal medicines, and external applications, for the relaxation of strictures ; but these substances are recommended in so ill arranged or contracted a plan, that they cannot be used with decided advantage, or any advantage at all, unless perhaps in the most trifling cases.

Although from various circumstances, we may, with tolerable certainty, ascertain whether an obstruction, in the urethra, has arisen from permanent or from spasmodic stricture, yet the chances of



deception, from the similarity which, in many instances, exists between these diseases, ought, previously to the use of the caustic, to induce us, to try every means for the removal of the spasm, lest that should be the sole disease. This I say, ought *at all times* to be done, notwithstanding Sir Everard Home's arguments, that burning these parts is attended with little or *no* pain, and *far less* risk !\*

Instead of waiting for the relief of the spasm by internal or external applications, particularly if the case be urgent, Mr. Hunter also recommends, in page 164 of his book on the venereal disease, the immediate application of the catheter, or bougie ; but, even under these circumstances, I think the practice extremely harsh, as it must, at all times, occasion not only the most excruciating pain, and *a greater degree of contraction*, but, in perhaps every instance, in a greater or less degree, rupture the parts, and thus rather accumulate than remove the source of evil. In such spasmodic affections of the urethra the patient ought, on no account to retain urine, so as to distend the bladder, and thus keep up an increasing irritation in the parts. He ought to pass urine frequently, but never so frequent as to require violent straining which, in its effects, is equally irritating. This being attended to, the steady use of internal medicines, and external applications, are also indispensably necessary ; and, if the urgency of the symptoms will not allow us to wait their effects, it were better that we should puncture the perinæum or rectum, beyond the contracted part of the urethra, and thus allow the urine to escape, than follow the plan recommended by Mr. Hunter, and entail on the patient irremediable mischief.

\* See Sir Everard's dissection of one of his cases in proof of the little risk attending this practice, near the end of my critical examination of his work on stricture.



Mr. Hunter, by no means wanted a knowledge of the power of antispasmodic medicines, but, with the order of their application, for the removal of stricture, he does not seem to have been acquainted; for, under the very circumstances where their use was absolutely necessary, he does not once hint at their employment. "The time," says he in page 121, "that each bougie should remain in the passage, must be determined by the feeling of the patient, for it should never give pain, if possible. Going beyond this point is destroying the intention, increasing the very symptoms that are meant to be relieved, and producing irritation, which, for a time, renders the further application of the bougie improper." Now, had Mr. Hunter made the proper applications prior to, and during the employment of these bougies, many, perhaps all, of these distressing symptoms would never even have occurred, and the bougie consequently might have continued with impunity, with perhaps few, if any interruptions to its use, till the cure rendered its further application unnecessary. Neglect of these considerations did not exist solely with Mr. Hunter, for every one who has written on the dilatation of stricture by the simple bougie, has similarly erred. Mr. Hunter, in the same page, evidently testifies, that he wanted only a knowledge of these means to insure his complete success, in the cure of such strictures. By his cautious management, he even succeeded in the removal of many without them. He here observes, that "the bougie should be increased in size, according to the facility with which the stricture dilates, and the ease with which the patient bears the dilatation. If the parts are very firm, and very irritable, the increase of the size of the bougie should be slow, gradually stealing upon the parts, and allowing them to adapt their structure to the increased size." Although, however,



these strictures were dilatable, without any means being applied to prepare the system for such practice, it does not follow that such means are not highly proper, as affording a much easier method of cure than the one formerly in use.

Mr. Whately justly observes, in page 63 of his pamphlet respecting Sir Everard Home's practice, that "it is essentially necessary, in our present imperfect acquaintance with the caustic, to endeavour to dilate all strictures of the urethra, by means of common bougies, before any attempt be made with the caustic to effect their cure." This is a most important point, and I am sorry to say that, in *practice*, it is scarcely ever attended to. When such a method has been adopted, owing to the general system, as well as the immediately affected parts, not being previously prepared by internal medicines and external applications, it is seldom attended with *permanent* benefit. By thrusting a bougie into the urethra, with sufficient force to distend the contracted part, we oftener increase the distress than relieve it.

I particularly insist, that either pressure by a bougie, or the *wedging* process, which are the methods recommended for their dilatation, are, in a great majority of cases, impracticable, unless proper measures have been previously adopted to suit the system for such practice. I allow that in *some cases*, simple pressure will effect a cure, but it must always occasion more pain, and be more slowly, and after all, less perfectly removed, than when these means are assisted by general medicines.

The most ordinary effects of a bougie alone, in these cases, must be well known to every one who, in the unprepared state of the system, has ever employed that unscientific practice. When passed through the stricture, already very irritable, as well as the parts beyond it, they became more so



by the aggravation of an extraneous substance being applied to them. If constant and enlarged bougies be followed up one after the other, all the parts in the vicinity of the stricture must be increased in irritability; for the bougie once introduced, has not opened the obstruction, but inflamed it, consequently the stream of urine has not improved but lessened. After attempts have not succeeded, because the passage is narrowed from the inflammation induced; that inflammation is allowed to abate, the bougie is again introduced, it finds a sort of passage, but, on being withdrawn, the inflammatory effects, are again produced, and the same time must be allowed them again to subside. Thus the patient, by injudicious practice, is often tortured for many months. After all he is probably dismissed with an assurance that his prostate gland is diseased, or the coats of his bladder thickened, or some other such nonsense. To hear the account these gentlemen give, of their practice with the bougie, one would not be very apt to imagine that they were not operating on a most delicate part of a human being, but rather upon some machine possessed of as little feeling as the leathern figure, annually exhibited by lectures on midwifery, for the advantage of their students.

The attempt to introduce a bougie, for the dilatation of a spasmodic stricture, particularly if violent, before the application of external and internal medicines have been made, to prepare the parts for such an application, must be attended with the most excruciating pain, and will scarcely ever remove the affection. On the contrary, the disease has often been rendered infinitely worse, and this, at length, has given rise to the existence of permanent stricture, when the application of the caustic has, in numerous instances, been rendered absolutely necessary for their removal.

It may be considered a general rule, that the



application even of the common bougie, without previously adopting those plans, which must prepare the system in general, and the urethra as a part of the whole, for its application, must always increase the irritable state of that canal, and consequently increase the disease. This is a point to which we cannot pay too much attention.

As one proof that it is not the number of medicines, but the order and method of their application, which are most beneficial in the removal of spasmodic stricture, I may mention, that, previous to my having arranged them, as I now do, I was in the habit of applying all the different articles recommended by authors, in the usual confused and indiscriminate way, but never, unless in slight cases, effected any permanently good purpose. My experience, now warrants me to vouch for the effects of these medicines, internally and externally applied, in the removal even of some of the cases which I had formerly failed in curing.

Thus it is not from a vast variety of external or internal medicines, without any order observed in their application, from which we are to expect lasting or even temporary benefit. I know of no complaint, where greater discrimination is necessary, in the administration of remedies. A single error, may, even in the exhibition of the most useful medicines, thwart all the advantages which would have arisen from the properly regulated employment of them.

Provided the patient be plethoric, we must first (whether that state has been the cause or the consequence of the contraction) employ blood-letting, and apply leeches to the part affected. At the same time, we ought to administer internally, as much camphor, opium, and æther, as the stomach can receive without producing sickness. After this, in from one to three or four

days, according to the particular constitution of the patient, a blister should be applied under the penis, or under the perinæum, according to the situation of the stricture, and it may sometimes be necessary to apply one of a pretty large size across the loins. After one or more of these have produced their escarotic effects, we may administer an injection, *per anum*, of tobacco smoke, or of laudanum and æther, and then lay the whole body, for about ten minutes, in a warm bath. While the patient still remains in the warm bath, we may inject a mixture of laudanum, oil, and æther, into the urethra, and, after dipping into the same mixture, a bougie, or rather, if it be necessary to use it, while the patient remains in warm water, an elastic gum catheter, (which will often pass with ease, when neither the common bougie nor common catheter can be used) we can scarcely, I think, fail of passing any spasmodic stricture, which may have formerly existed in that passage. The choice of time for adopting the above practice, previous to our using the catheter or bougie, may warrant or baffle success. The best time is when the parts are free from irritation, for, during such, by attempting their introduction, we often increase all the symptoms in a remarkable degree.

I by no means propose that all these applications should be used at once, unless where a failure of one or more of them has previously happened. The urethra is frequently in such a state, that dilatation of the stricture alone, after the properly regulated use of antispasmodics, and other applications of a similar nature, effects a complete cure. At other times, though not very frequently, these means will not, of themselves, complete the cure: on such occasions, we find it necessary to have recourse, in addition to the above, to the various tonics in common use, with which, I never have failed



in effecting a cure. In many cases I have used one, in others two or more, and in many, I have been obliged to employ them all, and even to repeat them, before I effected my purpose. Even, however, should a case occur, which might baffle the above means, we could but resort to puncturing the bladder at last.

The preferable position of the body, for the introduction of the bougie, is on his back, with his knees somewhat bent. In standing during this operation, which is sometimes done, the parts are apt to be compressed, by the action of the surrounding muscles, and, in sitting, the urethra is very apt to be so completely compressed, as to prevent the possibility of introducing that instrument.

I pointedly object to the use of Mr. Bell's wire bougies, with a silver knob, of various sizes, used to ascertain the distance of stricture from the orifice of the urethra. That canal is so liable to spasmodic action, that, however easily one of these bougies may be introduced, to the distance the surgeon would wish, it must often be so firmly grasped by the spasmodic action, occasioned by its own introduction, as to prevent its being withdrawn without too much force being applied, or at least for a considerable length of time, till the spasmodic action has given way, either of itself, or by the application of remedies for that purpose. This fact is so evident, that I am sure it only requires to be stated, that it may be at once perceived.\*

I have proved, from practice, that, when every

\* Mr. Ch. Bell's pamphlet on the Urethra, &c. although, in his Note at the commencement, he gives us reason to expect much, seems to contain *all* Sir Everard Home's faults in reasoning and practice, without a single practical doctrine of any earthly use—various of which may be found in Sir Everard Home's works, but of which Mr. Bell has not availed himself.

means employed to relax a stricture, has, in some measure failed of what we expected, provided the parts are free from irritation, the gentle pressure of a bougie, upon its anterior part, the other means still being employed, will, at length, admit of one being pushed through it. This practice, of *gently* pressing on the anterior part, I prefer to even the smallest bougie being *wedged* into the strictured portion itself; the first often assists in relaxing the part, while the latter almost *always* inflames, and makes the contraction worse.

In some cases, even after the obstruction has been removed, it is necessary to continue the use of the bougie a considerable length of time. I know of some in which, independently of the very strictest attention to the general system, as well as to that of relaxing the individual parts, the use of the bougie has been occasionally made for years; and, unless it be introduced from time to time, the urethra contracts so, as in some measure, to obstruct the evacuation of the urine. In these cases, to satisfy all parties, the caustic bougie has been tried, but it produced no permanently beneficial effects. Where these obstinate cases occur, which is but seldom, the occasional use of the bougie is the only alternative, and from it we can, at all times, command temporary relief. A symptom, however, which sometimes occurs, as producing such obstinate cases, ought to be mentioned; that is, when the stricture is only the effect of a more serious disease. When a bougie of considerable size can be passed, and still the stream of urine continues small, and the irritation is reproduced when it is omitted, we have reason to believe, that a general affection of the small glands, though not so much as to be felt externally, exists, causing a narrowing of the greater part of the canal of the urethra; or that



the same effect is produced by an enlargement of some of the parts, of considerable extent, under the membrane, and thus pressing upon it, the canal is narrowed for a considerable length. The bougie presses aside these enlargements, and allows the urine to flow freely, but they resume their former state, and again the bougie must be had recourse to. Thus, although we are not able completely to remove the obstructing cause, even being able, temporarily to remove it, is of very great importance. Having the power of palliating such symptoms, by bringing away the urine, on any pressing occasion, to prevent its detention inducing diseases of a more dangerous nature, is of the greatest service. In thus using the bougie, it ought to be withdrawn very slowly, while the patient keeps up the effort of urining. The stream follows close to the point of the bougie, and the force retains the opening the bougie had made for it.

We are much indebted to Sir Everard Home, for having introduced more generally into practice, the large, in preference to the small, bougie. Mr. Sharpe, however, in page 183 of his *Critical Enquiry*, was rather before him in his opinion, respecting the comparative advantages of a large, to those of a small instrument for that purpose. He says, "a large catheter or sound may sometimes be passed into the bladder when a small one cannot." The urethra being fully distended by the large instrument, allows it to pass easily; but, with the small one, its progress is obstructed by the sides of the urethra entangling its point, and, in almost every instance, preventing its free passage into the bladder.

A small bougie, especially of the composition kind, ought never to be used, except where the passage, in consequence of disease, cannot admit of a large one. While a small one scarcely ever

passes so freely along the canal, as one of a larger size, it also can never remain long enough in the urethra, to effect any beneficial purpose, as it becomes quite soft and useless. When, from the narrowness of the canal, a large one cannot be used, a catgut one should be preferred to one of composition. They are less susceptible of changes, even when used equally small with the composition bougies.

When the catgut bougie is used, it should be grasped by the finger and thumb of the operator, within an inch of its point, so that his finger and thumb may always be nearly close to the external orifice of the urethra. The bougie is often apt to be obstructed in its passage by one of the lacunæ; but by sliding it along the upper, rather than the under surface of the urethra, or by slightly shifting its situation, and elevating the point of it externally, by the other hand, it will be easily shifted into the cavity of the urethra. We must be particularly careful, in performing this operation, to use no force, as, by being rash, we at once add to our chances of failure, while the instrument is liable to form a new passage for itself. Even the catgut bougie is, after a few minutes, apt to become soft, it must then be withdrawn, wiped of its moisture and laid aside, and another employed: but if, previous to this, it has passed the stricture, we do not require to withdraw it, for, although it then becomes soft, it retains its situation, and, by the swelling which moisture occasions in it, it assists farther to dilate the strictured part. The catgut bougie may be allowed, if necessary, to remain in the urethra any length of time, as it does not stimulate the parts or produce any irritation. When the stricture is sufficiently dilated to admit of a larger sized bougie to pass, it ought to be used instead of the catgut one.

No attempt ought ever to be made to introduce



a strait bougie into the bladder, as, from the curve of the urethra, it is at all times, liable to be obstructed in its passage, and, in irritable habits, it invariably throws the parts into a state of temporary contraction. The use of these, therefore, I have entirely laid aside, and would warmly solicit others to do so. In preference to these strait bougies, I gradually soften them, by applying a very gentle heat, and then bend them into the form of a common catheter, which, when allowed to cool, I have always found answer the purpose much better than any other form.

Although, in the generality of cases of this disease, when the system has been properly managed, there is no very great resistance to the introduction of a bougie, yet there are some to which, even with attention to the above circumstance, considerable pressure must be applied before we can pass it into the bladder. If, however, much pain be occasioned, during these trials, we ought not to persist in them, as, from that circumstance, the necessity of farther relaxing the parts, by internal medicines, or external applications, is clearly indicated and absolutely necessary.

The bougie is often stopt by the lacunæ of the urethra, which, by those in the habit of expecting *permanent stricture*, is mistaken for one; and thus caustic is applied to burn a passage for the bougie, when neither spasmodic action of the parts, nor the smallest diminution of the canal of the urethra, exists; at least till either one or other of these effects has been caused by the above treatment.

The preventing a bougie from rupturing the canal of the urethra, and penetrating some of the neighbouring parts while passing into the bladder, requires both dexterity and considerable experience. Persons, however, would be apt to believe, were they not to think for themselves, that, from Sir Everard Home's advice, the chances of getting

out of the right road were very uncommon, nay, except in the hands of the most stupid of the human race, almost impossible.

This mode of attempting to render easy one of not the least important operations in surgery, has, I am sure, made many a fool-hardy practitioner of that art, commit numerous, and in some instances, almost irreparable blunders. Because Sir Everard Home, or any one, in the daily habit of using the bougie, can perform this operation with ease,\* and describe and recommend it to others with still greater ease, these persons conceive it a shameful business to fail, and are consequently induced to poke, and squeeze, and thrust their instrument, into any part but the right one; and even when they fail, so convinced are they still of its being as easy as putting one's hand into a glove, that they have only to take the trouble to turn it off their shoulders, and conclude that there was some mal-conformation of the parts, from which originated the difficulty.

The most respectable authors who have written on strictures in the urethra, seem fully aware of the inconvenience, and even danger, attending a perseverance in the use of the common bougie, when such an application occasions great pain. Some of them rest contented in expectation that a repetition of short trials will at length render the parts capable of being distended in this way; while others, who certainly do approach nearer the right method, prescribe a farrago, of internal and external applications, without that simplicity, order, or regularity, for their administration, which alone can command decided success.

Mr. Hunter was perfectly aware of the mischief

\* Not always, however, and I may *again* refer to Sir Everard's dissection, to which I lately alluded.



arising from wedging, or thrusting a bougie too violently into the urethra, in order to remove obstructions by the process of ulceration. "I believe," says he (page 122), "there are few patients who will submit to this practice, and indeed few will be able to bear it; for I have seen it bring on violent spasms in the part, which produced suppression of urine, and proved very troublesome." No doubt of it; and it would be well, that an observance of various circumstances, to prevent such practice, were more closely attended to: then the excruciating pains which a patient is doomed to bear, the unnecessary application of caustic, and the irrecoverably distorted urethra, which is often the consequence of it, would be avoided.

If, however, we should find it necessary, in some cases, to allow the bougie to remain in the urethra several hours, it will be absolutely necessary to fix it in some way, either to prevent its being pushed entirely out of the urethra, or, as sometimes happens, to prevent its slipping into the bladder. For this purpose, ligatures put round the bougie, and fixed to the penis or the scrotum, &c. are recommended; but I have found that the least troublesome and most effectual way is, to fix the end of the bougie into a piece of cork, or repeatedly dip the end of it, before subjecting it to use, into melted sealing-wax, till it has acquired sufficient size to prevent the possibility of its slipping into the bladder. To this a piece of thread, or a bag like the finger of a glove, may be applied, over the penis, to prevent the bougie from slipping out.

A continuance of bougies, for a great length of time, after the canal of the urethra has been distended, to its natural width, seems to me at best questionable. If the disposition to contraction exists, in any violent degree, after this period, local applications, of any kind, will not remove it. We then only remove the contracted portion of

the urethra, or merely the effect of the disease, while the contracting power, or the disease itself, is suffered to exist. Thus the disease of the parts can only be permanently removed, by the removal of the cause of diseased action, which, as it very commonly arises from debility, must be treated by medicines which counteract it. I have seen such cases, frequently attended with considerable pain, giving rise, in the mind of some more conversant in the theory, than in the practice, of such complaints, to a supposition of its existing in consequence of inflammation. In such cases, however, I have employed the lyttæ internally with the greatest benefit.

In retention of urine, from whatever cause, there often originates, in the urethra, the most violent spasm, to remove which, the evacuation of urine is alone necessary. For this purpose, surgeons have been in the habit of puncturing the bladder in different places, sometimes above the pubis, sometimes in the perinæum, and at other times by the rectum. Either of these operations usually relax the spasmodic action of the urethra, and the urine flows in the natural way; but certainly a fair trial of internal medicines and external applications, as long as we can with safety delay puncturing the bladder, with properly regulated attempts to introduce a catheter or bougie, have not been made; and, where other means were successful, the operation would have been, by these means, neither so hazardous nor so formidable.

#### CASE.

On the 25th of August, I visited a gentleman, aged 50, who, after having exposed himself to cold and dampness, while in a state of intoxication, was, in a few hours after, affected



with some difficulty of voiding urine, rapidly increasing in severity.

On the 26th, he became much alarmed, and I ordered for him pills, composed of a scruple of camphor and two grains of opium to be taken daily. On the same evening, he passed urine in a fuller stream. To prevent constipation, from the operation of the medicine, I likewise ordered him to use a laxative pill every night at bed time. On the 30th, as the opium produced very obstinate constipation, I ordered him to omit it, and take the camphor by itself.

Till the 7th of September, he had no return of his complaint, except early that morning, when he was most violently seized by it. On the previous evening, being warm and fatigued, he had drank, very rapidly, about two pints of porter, and, in about two hours after, he experienced difficulty in voiding urine. He, on the same evening, felt as if his urine flowed easily along the urethra, till it came to about half an inch from the orifice where it stopped, and, immediately after, he felt the most excruciating pain darting along the whole course of the urethra. The spasm was so violent, that, without tearing the parts, neither bougie nor catheter could be introduced; and, as the principal obstruction seemed to be near the external orifice, I ordered, in addition to the camphor pills, a blister to be applied to the under part of the penis, from the scrotum forward, which entirely removed the obstruction, and he again passed urine freely and without pain. He observed, that a draught of cold liquor, particularly if fermented, always brought on an attack of this complaint, and that the camphor pills, with the warm bath, as regularly removed it. His whole system now became very irritable, and the slightest exposure to irre-

gularity in living, brought back slight symptoms of his complaint.

About midnight, on the 19th, he was seized with almost complete retention of urine, which caused indescribable uneasiness, and at seven o'clock of the following morning, when I was sent for, he could not void a drop, and was nearly in a state of delirium. His bladder was not distended, but, from time to time, he felt the greatest inclination to void urine, without the power of passing any. His pulse being very full, I took from him two pounds of blood, which exhibited strong marks of an inflammatory diathesis. I likewise ordered him a cathartic, and applied a sinapism to the perinæum, and a large blister over his sacrum. In two hours after, his water came away in drops, attended with the most excruciating pain, and, in twelve hours from the time I visited him, he had voided two ounces of urine. His pulse still continuing full and strong, I took from him an additional pound and a half of blood, and in an hour after, he voided urine with more freedom than he had done for many hours before, though it still was attended with considerable pain.

On the 21st, the blister on the sacrum rose well, and he then voided urine with as much ease as if in perfect health. His pulse was still very full. On that morning, while voiding urine, he made an attempt completely to empty his bladder, and, immediately after this, he experienced a recurrence of the spasm. To prevent this in future, I desired him to make no such exertion, and ordered the cathartic to be repeated.

On the morning of the 25th, I found this patient in great agitation of mind, from the dread that his complaint was about to resume its former violence. He felt an almost constant inclination to void urine, which uniformly came on immediately after a violent passion of the mind on the preceding night,



but had nearly gone off again, when, during this night, he had an involuntary emission of semen, and was immediately seized in this way. I desired him to inject some oil into the urethra, and, after taking a cathartic, to recommence the camphor pills as formerly directed. Before the evening of the same day, he voided urine freely, and in a full stream.

On the morning of the 27th, another seminal emission took place, which was immediately followed by a slight attack of the spasm. On the 28th, he followed the same plan as on the 25th, and was again well.

On the 5th of October, I made an attempt to introduce a bougie, but this could not be done without injuring the parts. The attempt was followed by partial spasmodic contractions of the urethra, and slight soreness in it for several days after.

On the 18th, after an attempt to introduce a catheter, which could not be put even within the orifice of the urethra, the spasmodic affection returned. A blister was therefore immediately applied to the perinæum, and a cathartic prescribed.

On the 20th, a large sized bougie was introduced as far as two inches, but would pass no further: it occasioned no pain, and was therefore allowed to remain several hours, when it was withdrawn, and the urine flowed in a full stream.

On the 21st, a catheter of a large size was introduced as far as seven inches, and being withdrawn, a large sized bougie was then introduced, and allowed to remain a few hours. It occasioned only slight pain at the orifice of the urethra, and, when withdrawn, the urine then also flowed in a full stream. A slight puriform discharge was, at the same time observable, and he had a fit of shivering during the night, which greatly alarmed him.

On the 22d, he continued feverish, and could not void a drop of urine ; a blister was therefore applied over the pubis, but neither catheter nor bougie could be introduced.

On the 23d, he passed urine in drops, and sometimes in a very small stream, which was attended with great pain along the urethra. I, therefore, desired the cathartic to be repeated.

On the 24th, a large bougie was introduced, which stopped at one inch and a half from the orifice of the urethra ; that however easily gave way, and it passed, without interruption, about six inches, where it was allowed to remain.

On the 25th, on withdrawing the bougie during the night, the urine flowed in a full stream, followed by a slight puriform discharge. It was again introduced, and it stopped at the same place.

Early on the morning of the 26th, being affected with violent shiverings, he withdrew the bougie ; they soon went off, and he passed urine with ease, and in a full stream.

On the 27th, he himself, with the greatest ease, introduced the largest bougie, for seven inches and a half, and permitted it to remain almost constantly till the following morning, when the shivering fit came on, and he withdrew it. The fit continued for several hours, although he applied warm fomentations, and had an injection of tinctura opii administered per anum.

On the 29th, with only a slight obstruction at two inches, the largest bougie passed easily for seven inches, but could not be introduced further. A small catgut bougie was, however, passed into the bladder.

On the 31st, every time he withdrew the bougie, (and it was this day introduced to within an inch of the neck of the bladder) the urine flowed in a full stream.

On the 2d of November, he felt sick, and had a



slight shivering fit. I, however, passed a full sized bougie into his bladder, without experiencing any remarkable obstruction. It excited severe pain, particularly about the glans, and, when it was withdrawn, an hour afterward, the urine flowed freely; and in a full stream.

On the night of the 4th, he slept very little, and did not void urine so freely as the day before. The bougie was not again introduced till the 5th, when it was besmeared with tinct. opii and oil, and passed easily into the bladder, without any other obstruction than a slight one at the orifice of the urethra.

From time to time, this spasmodic affection returned, in a slight degree, for about six weeks, but never so severely as to prevent him from having a catheter, or a full sized bougie introduced into the bladder when necessary.

It is to be remembered that the camphor, sometimes with opium, was continued during the whole of this case.

He has never had any return of his complaint.

#### CASE.

July 1807. A gentleman, aged 35, of dark complexion, and very stout, applied to me about two years before this period, for the removal of a gleet, which he conceived to depend on permanent stricture in the urethra. In answer to the questions I then put, he informed me, that, although the stream of urine was of a full size, it had assumed various irregular shapes, which it never had before he was affected with this complaint, but he passed it without any pain or uneasiness. This varied stream of urine gave me reason to believe that no permanent stricture existed in his urethra, and that it was only a spasmodic

affection, in consequence of gonorrhœa, with which he had been frequently troubled.

I did not introduce a bougie to ascertain what seemed so obvious, viz. that there was no permanent stricture present. I prescribed for him the tincture of lyttæ, but he used it irregularly, having very little hope of being benefited by it. He soon after went to reside in London, and, anxious about the state of his complaints, he assiduously perused every book he could find, which treated of strictures in the urethra; and from them, having determined to use the caustic, he immediately consulted a surgeon, who judiciously advised him to begin with the daily use of the simple bougie, which was easily introduced into the urethra, and, after a few attempts, one of the largest size was passed into the bladder. About two weeks, after the introduction of the largest bougie into the bladder, the discharge from the urethra increased in quantity, and became somewhat puriform; and, upon pressure being applied, he could feel constrictions or inequalities, in various parts of the urethra, which he never felt before the bougie was introduced. He was now assured, by his medical attendant, that the caustic bougie alone could be of service to him, and that, from its use, he might expect a complete cure. It was accordingly had recourse to. The first application gave him considerable pain, but it completely removed one obstruction, situated about an inch from the external orifice of the urethra. Considerable inflammation of the glans penis, with blueness and swelling of the prepuce followed in a few hours, and the discharge, during the following day, was thick and yellow, and in very great quantity. An eruption then broke out over his body, and watery blotches and great swelling of his face and head, troubled him for several hours. This, with the blueness and swelling, abated in about two days, when the caustic



was again applied ; but what puzzled the gentleman was the formation of a new stricture, nearly on the same spot where the one existed previous to the first application of the caustic. This was also destroyed, and the same effects followed as on the former occasion.

By the application of the caustic bougie, four times a-week, for seven months, every obstruction, from the external orifice of the urethra, to the bladder, was destroyed, and all that time, a very great degree of inflammation was preserved in the parts, and consequently a puriform discharge. As new strictures were forming almost as quickly as they could be destroyed by caustic, he imbibed a notion that *he was constitutionally subject to permanent stricture!*

At the expiration of seven months, the whole course of the urethra was so much contracted, and the penis incurvated to such a degree, that he could not, without the greatest difficulty, introduce the smallest caustic bougie. This was a source of much unhappiness to him, as he now found, that the introduction of this instrument was absolutely necessary, in order that a passage might be formed for the evacuation of urine ; and, from the great quantity of puriform matter discharged immediately after each application of the caustic, he conceived that a collection of pus had, for a considerable length of time, been daily forming near the neck of the bladder, for the necessary evacuation of which the caustic alone was useful.

This deplorable practice was at length luckily discontinued, and the use of the smallest simple bougie resumed, and in two, or nearly three months more, he observed that the discharge from the urethra had disappeared. Thus was he unintentionally cured of his gleet. As the spasmodic affection of the urethra, however, still continued, I desired him to use, for a short time, camphor

and opium, in pretty large doses, and afterward to keep the parts gently distended by the simple bougie. He, for several weeks, adopted this practice, and experienced the greatest benefit from it. He now says he never shall again use the caustic, as he is convinced it was owing to it that he had suffered so much; but the abettors of this practice assure him that, however much he may have suffered, he would have suffered more, had he never used it, and that, in expressing his opinions of the caustic bougies, he will only be ridiculed by the world, and can effect no good purpose.

### CASE.

A gentleman, aged 42, and very stout, was, four years ago, suddenly affected with violent retching, particularly when he coughed, to which he was very subject, or when he suddenly stooped forward. He, at that time, took medicines for the removal of these complaints, and was, in a few weeks, almost completely cured, but, when he indulged in his *bottle*, the retching uniformly recurred, and continued to distress him for several weeks.

I was sent for, in December 1806, to prescribe for a severe, hard, dry cough, with which he had been very much troubled for some time. He had no pain in his chest, and his bowels being costive, I prescribed a cathartic, and ordered him squill pills. I likewise desired him to inhale, from a coffee or tea-pot, the steams of vinegar and warm water every night, but, when he attempted to do this, the retching became very troublesome, and he was obliged to desist. Within these few days, he had felt slight pain about an inch from the orifice of the urethra, but, as this affection was attended with very little inconvenience, I did not order any medicine for its removal.

He had, for some time past, frequently been



obliged, from torpidity in his bowels, to take cathartics, and he always observed, that the sensation, in the urethra, became more painful during the operation of such medicines. After he had continued the squill pills for a week, without any diminution in the severity of his cough, it was deemed necessary to apply a pretty large blister to his breast, which was kept open with ung. epispast., but even this, along with the squill pills, &c. did not, in the smallest degree, seem to relieve his cough and retching, for more than a fortnight, when both these affections became less violent.

He was, on the evening of the 12th of January, 1807, affected with considerable difficulty in voiding urine, for which, although he applied cloths wet in warm water, for several hours, to the pubes and perinæum, it still continued to increase in severity. At length, he became much easier, and slept quietly till toward morning. On examining the urine he had past during the night, I found it completely coagulated like jelly, and he said it had the same appearance on the preceding night, previous to his going to bed, which alarmed him greatly. He never had any venereal complaint.

I prescribed pills, principally composed of camphor with a small proportion of opium, so that about a scruple of camphor might be taken daily, and I ordered a blister to be applied to the perinæum.

On the 14th of January, the blister had not remained many hours, when he was much relieved, and voided urine freely, and oftener than once during the night, which had not, as formerly, the coagulated appearance. The pain in the urethra had abated, and the other complaints were getting better.

On the 20th, when the gelatinous appearance was not present, his urine deposited a great quantity of brown sediment, but when the urine was

gelatinous, it was free from sediment; and when the retching or cough is severe, the pain and difficulty in voiding urine cease, and uniformly become more severe when the cough, &c. cease.

On the 27th, he had a slight return of the spasmodic affection, but it went off in a few hours, without his having occasion to use any remedy.

On the 5th of February, in consequence of his complaints, in the urethra, having returned, with considerable violence, he was obliged to apply the blister to the perinæum, which again relieved him, but immediately after, the cough and retching, as usual, commenced. Another blister was applied to his thorax, and I desired that both of them might be kept open with epispastic ointment. In ten days after this, the blister, in the perinæum, healed, but that on the breast was kept open.

In May, none of his complaints had troubled him, and I desired him to allow the blister on his breast to heal. In September 1809, he had no return of his complaints, and he enjoyed excellent health.

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## CHAP. VI.

### *Treatment of Permanent Stricture.*

The application of caustic to the urethra was, by no means an uncommon practice, more than an hundred years ago. It was soon after laid aside by general consent; yet, during that period, we are not assured that the existence, either of permanent or spasmodic contraction in the urethra, was more common, in consequence of laying aside the caustic. On the contrary, it would seem, from authors saying little on the subject, to have been less so in early times, when the caustic was unemployed, than in the present day, when the



caustic *cannot be wanted*. Indeed, such is our present rage for that practice, that one can scarcely walk into a country apothecary's shop, but he can tell you wonders (and I have no doubt of it!) that he has wrought with the caustic. It is sincerely to be hoped, for the benefit of mankind, that it will soon again be laid aside, except when absolutely necessary, which is very seldom.

The liberties which, upon this subject, Sir Everard Home has taken with Mr. Hunter's name, are greater than we might have expected. Mr. Hunter's opinion respecting the application of caustic, for the removal of stricture, was, though perhaps in some respects erroneous, much more scientific, less common, and, in a great measure, different from the views of Sir Everard Home on the same subject. Mr. Hunter says, in page 118, of his book on the Venereal Disease, "If the case is such as to admit the end of a small bougie to pass, let it be ever so small, the cure is thus in our power." Mr. Hunter thus found, that such cases were remediable, but he wanted a knowledge of the means, by which he effected his purpose. Were, however, the gentlemen, who have lately practised in this way, as scientific in their views, respecting many points in the animal economy, as Mr. Hunter, many who suffer by the effects of the caustic bougie, might now be in tolerably good health.

The progress of Sir Everard Home's practice, at least that part of it which he has ushered into the world, as a proof of the correctness of his reasoning, and of the *simplicity and ease* of such practice, is as follows:—His first essay was upon a small scale, and simple enough; from Mr. Hunter's respectability he gained applause, or at least, from that circumstance, escaped reprobation; he ventured a little farther; proposed something in addition; but still, for the most part, on such occasions, he took care to shelter himself under

the *wing* of Mr. Hunter's well-earned reputation; till at last, finding himself nearly in a way which he thought warranted him to speak and act entirely for himself, he boldly asserted, that many of the more important diseases, ascribed by nosologists to other causes, depend entirely on stricture in the urethra.

I give the consulting surgeons of London every credit for the superiority of their powers in the performance of the most difficult surgical operations. I believe, that at present, they are, with the exception of one or two individuals, superior, in that respect, to any in the world: but, in the discrimination of diseases, I would reverse the statement, for I really think, that the proportion of them, who can do this well, is not so great as might naturally be expected. Medical men combining their hands with the heads of some of those in other parts of the world, would have the most decided success, as well in reasoning, as in the performance of many operations, which, in their divided state, are but clumsily managed.

Mr. Sharpe, when treating of strictures in the urethra, informs us, that "at present, it (the caustic) is universally condemned, and has been so almost since Saviard's time. His objections to the use of caustics, were the difficulty and almost impossibility of directing them, so as to eat through all the diseased parts of the urethra, without destroying the sound parts; *the impracticability of preventing the urethra from contracting when it healed, as much if not more than it was* at the time of applying the escharotic, &c." To the authority of Sharpe and Saviard, against the indiscriminate use of caustic, I may add that of Paré, Wiseman, Le Dran, Astruc, Pott, and many others, whose respectability and eminence cannot be questioned. These objections may, with equal justice, be always urged against this practice, even where permanent strictures are formed, and far more so when we



find it indiscriminately applied, where there is no permanent stricture at all; nor will even the authority of Sir Everard Home, for the *ease* attending its application, and its *safety*, overturn them. The authorities quoted, to men who know how to reason, have always been as good as the baronet's, and will probably remain as long.

Mr. Whately has, in his defence of the application of caustic, attempted to draw a comparison between its effects and that of the most active medicines used internally. The comparison is not fair; we can dilute internal medicines, and use them in any quantity we wish, but, to effect the destruction of parts, we must use the caustic in full quantity, and in its greatest strength and activity.

This gentleman, has, in his pamphlet on Sir Everard Home's practice, given a very neat condensed view of the effect of Sir Everard's bougies, in his treatment, by caustic, of obstructions in the urethra. His criticisms seem correct, and are certainly those of a gentleman and a man of liberality; yet, even he, in some of the cases, subjoined to these criticisms, has used the caustic in spasmodic stricture, and consequently subjected the patient to much unnecessary distress. Mr. Whately justly objects to Sir Everard Home's introducing the caustic bougie into the bladder, from the chances of carrying along with it, and depositing in that viscus, any of the liquefied caustic. This is an objection which certainly deserves consideration.

In a note, in page 36, of Mr. Wadd's pamphlet, he informs us, that "to a gentleman, with whom he was well acquainted, it (the caustic) was applied *upwards of fifty times* to a supposed stricture near the neck of the bladder. *When he died, the obstruction was discovered to have arisen from an enlarged prostate gland. The caustic had eaten*

*an inch into the substance of the gland!!*" Many other instances of a similar kind, he informs us, might be enumerated. Yet it is passing strange, that, on reading Sir Everard Home's book, we find the application of the caustic neither occasions *pain* to the patient, nor *difficulty* to the surgeon!

Communications which I have had, from many parts of the country, respecting these diseases, prove, that the caustic bougie had, in them, not only been unsuccessfully applied, but had, in some instances, created the most afflicting and irremediable distress, to which it was possible to reduce an unfortunate patient. In others, where this practice was not carried so far, I have easily removed their complaints, by the instantaneous adoption of more simple means.

Even allowing all the cases Sir Everard Home operated for, with his caustic bougies, to have been permanent strictures, the frequent recurrence of the affection, always in an aggravated degree, and the necessity there was, in some instances, of applying the caustic often for a great succession of years, (*several hundred times in some instances*), completely prove, that, from such an application, we have no right to expect a radical cure, except in the very slightest cases, and that only, when the contracting power has quite abated.

Although these strictures be most dexterously burned away, and the urethra cleared of every obstruction, others, perhaps similar to the former, will, before long, make their appearance. Thus directing our attention wholly to the contracted portion, while the cause of such contraction is quite forgotten or overlooked, we may shrewdly guess the consequences of such proceedings. Under such unscientific treatment, it is not to be wondered that the means employed prove really more injurious than the original disease, and, doubtless, protracts these complaints



which, had they been left to take their own course, could not have been worse, and might have been better.

Were no other mischief to follow the application of caustic to the urethra, than the *excessive* hæmorrhage, which is confessed, even by authors who are advocates for this barbarous practice, to be a very frequent occurrence, that alone would deter any rational being from its constant use. These authors, however, talk with the most perfect coolness, even when six or eight pounds of blood have been discharged in this way. Various cases are related by them of the *ease* and *safety* of such bleeding. Mr. Wadd, however, very properly takes another view of the subject: "in one case," says he, "after the eighth application of the caustic, on withdrawing the bougie, I was instantly covered with blood, which came out, with a jet, nearly equal to the flow of urine. I must confess, whatever those accustomed to such accidents may think of it, that I was greatly alarmed; and as it happened in my own house, it was the more embarrassing; pressure and cold applications were used in vain, and it was some hours before it became sufficiently moderated to allow the patient to be carried home in a sedan chair. The bleeding continued at intervals, for several days; and it was *five months* before the patient, who was a foreman in a manufactory, had recovered his strength sufficiently to resume his station." "However far," Mr. Wadd properly remarks, "habit may teach a surgeon to regard these circumstances with indifference, he will not so easily succeed in making the patient, or his friends believe there is no danger, and that extreme debility is a matter of no consequence."

Mr. Carlisle informs us, in the third volume of the Medical and Physical Journal; that a young gentleman, to whom he applied caustic for a stric-

ture, near the bulbous part of the urethra, had an hæmorrhage produced by it, which continued *seven days* ; in the two first, he lost *four pounds of blood*, and nearly as much afterwards. Mr. C. has heard of some other persons who have actually *died* of this kind of hæmorrhage.

Strictures, of a truly permanent nature, can only be removed by the various modes recommended by authors for their entire destruction, such as applying caustic substances, and even some may probably require incision.

Mr. Hunter conceived the caustic properly applied, only under the following circumstances: “ First, where the stricture is so tight, as not to admit the smallest bougie to pass. Secondly, where the orifice in the stricture is not in a line with the urethra. Thirdly, where the passage has been obliterated by disease, and the urine passes by *fistulæ in perinœa*.” Had Sir Everard Home followed Mr. Hunter, in these plans of practice, and not taken him along with him, as he always does, merely to support him in his difficulties, or had he even availed himself of Mr. Hunter’s *latest* opinions, as his guide, which, in every man, are deemed the most correct, he would most certainly have prevented several unnecessary scenes of misery to many an unfortunate individual.

Mr. Hunter, in early life, advanced opinions, respecting stricture, which his greater experience proved to be erroneous. Before his death he almost entirely abandoned that practice, because he had no faith in its permanently effecting the object he had in view. Sir Everard Home, however, with the avidity of no common man, seizing on the few observations Mr. Hunter had made, early in practice, formed a sort of text of them, from which he has delivered to the world a most tragical sermon! Mr. Hunter never knew any such strictures, as those related by Sir Everard



Home, where the urine passed in a full stream—indeed no man, except Sir Everard and his followers, ever did. In the disordered imagination of Don Quixote every house seemed an enchanted castle, while the inhabitants were similarly metamorphosed—because the judgment he possessed did not enable him to think otherwise!

I have found, that, where *permanent* stricture *actually existed*, and where it was absolutely necessary to apply some substance for its removal, the mode of applying either the lunar caustic, or the *kali purum*, as recommended by Mr. Whately, is preferable to any other with which we are *at present* acquainted. The first of these substances is secured in the form of powder, to the end of a bougie, by means of common glue, and, before being applied to the obstruction, has a thin covering of bees-wax laid over it. The other is introduced into a hole, about the size of a pin's head, made in a common bougie, and covered with hog's lard. Either of these substances, when applied for a short time to the stricture, is dissolved, and produces its effects by destroying it. In this way, the membrane of the urethra is not so liable to be injured, as in the other modes of applying caustic substances, still it must, in many instances, suffer; for, when the caustic becomes liquefied, the disposition of all matter, and these in common with others, to run toward the external orifice of the urethra, must greatly injure or entirely destroy, perhaps the whole of the membrane, anterior to the stricture.

After employing the caustic, although some of the sloughs separate on its removal from the urethra, yet it is generally about the fourth day, before the whole entirely separates, and the caustic ought never to be repeated till this has taken place.

Even, however, where it has, beyond doubt, been

ascertained, that permanent strictures exist, the use of internal medicines and external applications, during our attempts to remove them, are absolutely necessary. Because, in all such strictures, even of a permanent nature, there is, according to the time they have existed, some degree of spasmodic action still remaining in them, which, in almost every instance, cannot be properly treated without these applications being previously made.

Still, any contrivance, however ingenious, for the application of caustic, must be liable to the insurmountable objection mentioned above, viz. the impossibility of preventing the caustic, liquefied by the moisture of the parts, from spreading over and destroying an extensive and healthy surface, particularly anterior to the obstruction. Apply the caustic indeed, in what way we may, this cannot be avoided; which ought, with other very forcible reasons, to deter us from using it, unless where the most unequivocal marks of *permanent* stricture really exists. Even allowing the contracting power, which forms the stricture, to have entirely abated, and the caustic to be applied in the most favourable way, the difficulty of destroying the obstruction, without much force, is greater than is commonly imagined. Let any one, for instance, apply the caustic (liquefied as when applied to a stricture) to the skinny substance, between a man's thumb and fore-finger, when forcibly stretched, or to the substance between the claws of an aquatic bird, either of which are much thinner than the strictures described as being of common occurrence, and he will form something like a correct knowledge of the effect of caustic in burning such obstructions—of the time necessary, and how absolutely impossible it is to remove them without much force. Under these circumstances, it labours under double the disadvantages of the common



bougie, even when applied in the rudest manner; the force used in both is equally great, and, inert as the caustic may be rendered by the mucus of the urethra, which may prevent it burning through a hardened and thickened stricture, it is still sufficiently active to injure, if not destroy, the delicate membrane anterior to the strictured part.

Fistula in perinæo, I believe to be sometimes occasioned by obstructions in the urethra, either of a spasmodic or of a permanent nature; but I have no hesitation in asserting, that the increased action brought upon the parts by perseverance in the use of the caustic, or even the bougie, for a great length of time, has been more frequently the cause of this disease than either of the above.

When stricture, either of a spasmodic or permanent nature, occasions swelling in one or both testicles, this obstruction acts like a foreign substance in these parts; similarly to the use of too strong injections, which are very commonly the cause of the same complaint. The cause being withdrawn, the testicles resume their healthy action, which, while it remains, no applications, to these glands themselves, can effect. Although, therefore, this should be the case, it does not, as is too often supposed, entitle any one, on the appearance of a swelled testicle, to thrust a bougie into the urethra, which can only cause spasm of these parts, which did not exist before, and to term this permanent stricture, and then to apply caustic for its removal. The properly regulated use of the bougie, even if spasm had previously existed, might have answered all useful purposes—I say the properly regulated use of the bougie: I do not mean its indiscriminate application, for, in this unmethodical way of applying it, the swelling of the testicle, so far from being removed, is often increased, and more frequently produced by it.

In this place I decline giving a number of cases. The arguments I have used, and the opinions I have formed, are here presented in a condensed view, from the general range of those cases, which have, for many years, come under my observation.

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## CHAP. VII.

### *Treatment of Fistula in Perinæo.*

WHEN a collection of matter forms in the perinæum, we ought to open the tumour, as soon as fluctuation is distinctly felt in it, and, after also laying open any small sinuses, to prevent collections of matter, we may dress the sore with any stimulating ointment. In these, indeed, as in all other sinous openings, it is necessary to lay them freely open. By this means, provided there exist no obstructions, &c. as exciting causes, the sores heal very rapidly: but if a fistula has been of long standing, it is reasonable to believe, that the parts will not so soon recover their healthy functions, as when the fistula has lately commenced. The case may be a little more tedious, and when the callosities are obstinate, they may be dissected away or destroyed by caustic. When the irritation, which is sometimes produced by the operation, has subsided, we may occasionally introduce a bougie or catheter into the urethra or bladder, and, in a short time, the urine will come off by the natural passage.

Our next object is to pass a bougie along the urethra, and, when this instrument can, with facility, be introduced into the bladder, it will be



known, whether the obstructing cause exists exterior or posterior to the opening, and we can proceed with our means of relief accordingly.

Where this disease exists, in consequence of obstructions in the urethra, they are commonly anterior to it, and ought to be removed, before we attempt to cure the fistula by any other means. This obstruction indeed being removed, often cures the complaint, without the necessity of other means.

When it exists, in consequence of an affection of the general system, such as lues venerea, external applications, bougies, &c. can be of no service. We must either, with or without them, use means for the destruction of the venereal taint in the body, and the sinuses will then easily heal.

In that alarming and often fatal complaint,—a diffusion of urine in the body of the penis, we must be very prompt in our proceedings, as every moment is precious in the treatment of such a disease. Our first object should be to puncture the bladder, and preserve the opening, so as to prevent an accumulation of urine in the penis, and then, by scarifying the parts, with occasional pressure, we may evacuate what has been already collected. The disposition to mortification being very strong in this complaint, spirituous fomentations, and the internal use of bark and opium, ought, during the whole course of it, to be freely administered. Should such diffusion be caused by any obstruction in the canal of the urethra, we must first remove it. Under these circumstances, punctures and incisions can, at best, only procure partial and temporary relief. From such measures the patient's miserable existence may be prolonged, but his complaint will either terminate in the very worst kind of fistula, or in mortification.

PART IV.

PATHOLOGY

OF

FEMALE ORGANS.

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*General Observations.*

THE generative system, in women, is particularly liable to such diseases as do not abate, when the cause which produced them is removed. Indeed, as much, and in many instances, more so, than any other organ, or set of organs, entering into the formation of the animal body.

We find that, in different women, from various circumstances, the same cause produces very different affections of these parts; for the body is, in many respects, like the mind—different in almost every individual. Though there is one general principle which distinguishes the existence of the one and the other, yet the same external applications, made to twenty individuals, will scarcely affect any two of them the same way. We find, from the application of similar causes, that one is affected with chlorosis, or amenorrhœa, another with dysmenorrhœa, or with menorrhagia, while others are affected with leucorrhœa. On the same principle, that, in both sexes, certain external circumstances, such as cold, will in one produce catarrh, while, in others, it will produce bowel complaints, rheumatism, inflammation, &c. These different effects, therefore, rather arise from some peculiarity of constitution in dif-



ferent individuals, or inequality of the parts with regard to their powers of resisting morbid action, than solely from any external agent. Indeed, it is by no means improbable, that a very great proportion of the various diseases of every country, may originate from nearly the same source, and that their varieties are only modifications of each other, or exhibit a difference of appearance, solely from some peculiarity in the constitutions of the persons who may be affected.

This method, of considering these subjects, is entirely conformable to the simplicity of nature. The assignment of a multiplicity of causes, to account for particular phenomena, always indicates want of knowledge. These diseases, too, from causes which there may be some difficulty in explaining, sometimes change from one form to another, and often exist complicated and combined with each other.

It is owing to this circumstance that the practical physician (although the contrary is often believed) can derive so few advantages, even from the most minute knowledge of particular constitutions. Constitutional peculiarities, which never vary, are so few and so unimportant, compared with those which are in a perpetual state of change, that it is to the latter, rather than the former, the scientific and really useful physician will find it necessary to direct his attention and his mode of procedure. All peculiarities, which fall under the range of practice, are in a perpetual change, with the perpetually changing condition of human life, and these rules are not only liable to every individual, but even must be changed to suit the same individual at the various periods of life. The only peculiarities of constitution, therefore, to which we must pay attention, involve *quantity* rather than difference of *quality* in our applications.

Thus we find that these occurrences may be

accounted for, without having recourse to hidden qualities or mysterious agents in their production. By some attention to the various temperaments, and to the mind, with a knowledge of the existing state of the surrounding atmosphere, we may easily account for the whole phenomena of every disease to which the human frame is liable.

The natural and healthy powers of the body, preserve the uterine functions in perfect regularity, but this equilibrium once broken, occasions one or other of the foregoing diseases, according to the various circumstances to which I have alluded.

During many of these diseases of the female, when they have continued for some time, I believe that the natural action of the vessels of the uterus, &c. are entirely suspended, and unable, by any power of their own, and even of the general system, to resume their proper functions. These diseased vessels therefore thus exist, in a greater or less degree, as foreign bodies, gradually and surely, though often slowly, assimilating the neighbouring parts to a state of disease, till they have perhaps irrecoverably perverted the whole functions of generation, and even the general health.

Thus, from the uterus, proceeds an infinite variety of the most important female complaints. For that organ does not continue long diseased without communicating its effects to the whole system: and thus we may reasonably account for the great prostration of strength, and every other symptom of debility, which, sooner or later, succeeds the above local derangement.

These diseases, then, although in appearance different from each other, and considered as such by every author, nearly or entirely arise from the same cause, and indeed are literally the same disease; only in different women, or in the same



woman at different times, they assume the various forms, which I shall enumerate.

Whatever may be the original cause, either of chlorosis, dysmenorrhœa, leucorrhœa, or of menorrhagia, we uniformly observe that they all tend to debilitate the system in general; and the same reasoning which is applicable to one, is, when rationally, and, of course, properly considered, equally so to the rest.

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## CHAP. I.

### *Leucorrhœa.*

#### *Definition.*

Systematic writers have defined this disease variously.

Sauvages defines it to be “a yellow serum, or puriform matter, flowing from the uterus.”—Vogel, that it is “too copious a discharge of mucus, or ichor, from the female parts of generation.”—Sagar, that it is “a serous, yellow, puriform, mucus, foetid, dark, &c. matter, poured out from the uterus, or vagina.”—Cullen, though he has given leucorrhœa no place in his synopsis, treats of it in his first lines, as a flow from the same vessels, which, in their natural state, pour out the menses.

I shall endeavour to show, that leucorrhœa, is a discharge of depraved mucus, from the internal surface of the uterus or vagina, or from both.

#### I. *Nature and Seat of the Disease.*

Authors not only disagree as to the nature of the discharge, but with regard to the parts whence it flows. It is essentially necessary, however, to

draw some definite conclusion concerning these points.

Those who suppose the discharge poured out by the menstrual vessels, denominate it serous; but that this discharge is ever precisely the same as the serum of the blood, has by no means been proved.

Were we entitled to judge, from the sensible properties of the matter, and the changes, both of colour and consistence, which it undergoes, we should pronounce it not serous, but the same as that from any diseased mucous membrane: but, as the passages from different organs terminate in the vagina, and as both these organs and their canals may be differently affected, so there may be discharges different in their source and nature, all ultimately appearing in their cavity.

A discharge, besides, may pass from the urinary organs, through the urethra, to the external orifice of the vagina, or it may proceed from the vagina itself, from the uterus, or from both; and it may come immediately, either from the interior surface of these organs generally diseased, or from limited ulcers, tumours, or cancerous sores, situate in them, or communicating with them.

Pus,\* formed in an abscess, of one of the ovaria, has descended through the fallopian tube into the uterus, and thence through the vagina, but this is a rare occurrence. Of these facts, any one may satisfy himself, by consulting Morgani's invaluable work, *De Sedibus et Causis Morborum*: it would be tedious and unnecessary to give instances of all of them individually.

No one, by leucorrhœa, understands a discharge, either from the urinary organs, or from an abscess, ulcer, cancerous sore, or tumour of any

\* Act. Paris 1700, Obs. Anat. 5.



kind, in these situations. In the leucorrhœal discharge, the organs of generation are understood to be principally concerned; the only difference of opinion being about the parts of these organs, which are the seat of the discharge, or the peculiar vessels which produce it.

Some, as their definitions show, erroneously ascribe it to the uterus alone, others, to the uterus and vagina. Those who think that it proceeds from the menstrual vessels, of course ascribe it to the uterus; but those who think it proceeds from the mucous membranes, are of opinion that it may proceed, either from the one or the other, or from both of these organs.

In Dr. Cullen's Practice of Physic, he treats it in a very brief, hypothetical, and unsatisfactory manner; though the disease is a source of the utmost calamity, to an immense proportion of the fair sex, married and unmarried, at once destroying the health of the unfortunate sufferer, and every hope of progeny. He presumes that the discharge proceeds from the same vessels which, in their natural state, pour out the menses. I shall consider the arguments he has collected, in favour of his opinion, and endeavour to ascertain how far they substantiate it.

Dr. Cullen concludes the discharge "to be of this kind: 1st, From its happening to women who are subject to an immoderate flow of the menses, and liable to this, from causes weakening the vessels of the uterus. 2d, From its appearing chiefly, and often only, a little before, as well as immediately after the flow of the menses. 3d, From the flow of the menses being diminished in proportion as the leucorrhœa is increased. 4th, From the leucorrhœa continuing after the menses have entirely ceased, and with some appearance of its observing a periodical recurrence. 5th, From the leucorrhœa being accompanied with the effects of

the menorrhagia (§ 972-3). 6th, From the discharge having neither been preceded by, nor accompanied with symptoms of topical affections of the uterus. 7th, From leucorrhœa not having appeared soon after communicating with a person, who might be suspected of communicating infection, and from the first appearance of the disease not being accompanied with any inflammatory affection of the pudenda.”

Now, if we examine these arguments individually, we shall not find that they warrant such a conclusion:—

“ 1st, From its happening to women who are subject to an immoderate flow of the menses, and liable to this from causes weakening the vessels of the uterus.”

Two discharges from the same organ, or from the same surface, afford no proof, that both are poured out by the same vessels, nor would the existence of debility lead us to conclude that it affected only one species of vessels. By such modes of reasoning, we might conclude, that the discharge of semen and gleet, in the male, proceeded from the same vessels, since this sometimes happens to men who are subject to immoderate flow of semen, and who are also liable to this from debilitating causes.

The different species of minute organs, incessantly operating on all organic surfaces, external and internal, are each susceptible of disorder; and the same debilitating causes will, according to their difference of structure, affect them differently.

Those vessels which produce mucus to lubricate the parts, must be debilitated and dilated by the same causes which debilitate and dilate the blood-vessels of the uterus; and if such debility and dilatation increase the flow of blood, however altered or modified, from the minute vessels, whence



the menstrual discharge proceeds, it may equally increase the discharge from the disordered muciparous glands.

It is known, from actual observation, that not only the uterus becomes weak, spongy, and flaccid, towards the approach of menstruation, but the whole system is sensibly enfeebled; we shall not, therefore, be surprised, that, about this time, the mucous discharge should be augmented. Accordingly, we can easily perceive how the leucorrhœal discharge should, (as the Doctor 2dly observes) appear, “chiefly, and often only, a little before, as well as immediately after the flow of the menses,” and yet have a totally different origin. That which may cause the apparent increase of the leucorrhœal discharge, shortly before and after the flow of the menses, is, the circumstance that, even in health, the menstrual flux is both preceded and followed by a serous discharge, which, mixing with that of leucorrhœa, may, at such time, give it an appearance of temporary increase.

What much invalidates the second reason adduced by the Doctor, is, that the leucorrhœal discharge is aggravated at any time between the menstrual periods, and consequently independent of them, by passions of the mind, hysteric attacks, fatigue, &c.; and that the disease happens even before puberty, when the vessels neither do, nor ought to pour out the menses.

The 3d argument, “From the flow of the menses being diminished, in proportion as the leucorrhœa is increased,” is strangely in exact opposition to the first,—“from its happening to those subject to an immoderate flow of the menses,” and also to his opinion, that “that flow of the menses may generally be considered as immoderate, which is preceded and followed by leucorrhœa.” It is even contrary to experience, for the menses do

not, when leucorrhœa commences, necessarily diminish either in quantity or in duration, but are, on the contrary, often more copious, of longer duration, and, in every respect, more distressing than in health. Indeed the Doctor himself elsewhere tells us, “ that it is sometimes accompanied with a considerable degree of menorrhagia, producing very remarkable effects, and, it is a fact that, in proportion as the leucorrhœa is removed, the menses return to their wonted limits, both as to time and quantity.

Though leucorrhœa even continued after menstruation, that circumstance would not indicate that they were both excreted from the same vessels; for leucorrhœa might be expected to continue, independently of menstruation, and the apparent consentaneity of both, might be owing to the periodical return of that debility, which is absolutely necessary to the existence of both.

That there may be an increased discharge of serum, from those vessels which pour out the menses, I am not inclined to question, for it is not difficult to believe, that the serous flow, which both precedes and follows the menses, may, even at other periods, be occasionally augmented in a very great degree, just as the menstrual discharge itself is; or even that this discharge, may, at one time, be more diluted with serum than at another. Were I allowed to conjecture, I would say, that it is probable, these leucorrhœas, if they may be so termed, which observe a periodical recurrence, are of this nature; but that such a discharge is the one which constitutes the characteristic symptom of fluor albus, properly so called, facts will not permit us to suppose for a moment.

That leucorrhœa produces the same debilitating effects as menorrhagia, by no means indicates that both discharges proceed from the same vessels;



it only shews, that these two complaints affect the general constitution in a similar way. Many other diseases, very different, in appearance from each other, produce nearly the same effects, on the general system, and, in this respect, menorrhagia and amenorrhœa agree.

That the discharge is not preceded by nor accompanied with symptoms of any topical affection of the uterus, shews, that the disease comes on sometimes when we do not expect it, but, by no means, that the discharge proceeds from the same vessels.

Nor can this be rendered probable, by the discharge not succeeding venereal infection, or local inflammation, any more than that the discharge of gleet, in males, should proceed from the seminal vessels, when unpreceded by gonorrhœa.

Many facts shew, that the leucorrhœal discharge does not proceed from the vessels which give out the menses. The discharge is precisely similar to that which appears, when the mucous membrane of the urethra, in the male, is in a state of disease; such discharge is not *necessarily* present in menorrhagia.

Leucorrhœa does not seem, by any immediate connection, which it might thus have with the menses, decidedly to render the uterus unfit for the purposes of generation; since some women, slightly affected with it, bear healthy children, and others, though very much distressed by it, have living children at the proper period of parturition. The children of the latter, however, so far as my opportunities of observation extend, are in general delicate, and a very great proportion of them die in infancy.

It is extremely probable that, when healthy children are borne by one affected with profuse leucorrhœa, the disease exists in the vagina, and not in the uterus, and those who produce weakly

or unhealthy children, or are altogether steril, have the uterus principally affected.

The bad effects of leucorrhœa, on the production and nourishment of the foetus, may all depend on the general disturbance of the functions of the uterine system; and this is corroborated by the fact, that this disturbance is not perceptible, till the disease is far advanced, which would certainly sooner manifest itself, if the vessels, whence flow the menses, were primarily and chiefly concerned. That it is not always confined to the uterus, is decidedly proved by this, that after pregnancy, when the mouth of the uterus is shut, the leucorrhœal discharge is often more copious than before conception.

The celebrated Hoffman,\* to whom Dr. Cullen acknowledged himself much indebted, very concisely states most of these facts. "This flow does not follow any certain rule with regard to time or duration; in some it is incessant; in others it returns twice or thrice a month; and there are instances of it observing, as it were, stated periods. It is found to precede, accompany, follow the menstrual discharge, or even seems to be substituted for it. Women advanced in life, beyond the time of menstruation, are not exempt from it; and it is present during the whole time of gestation."

This discharge is often so acrid, as to excoriate the pudenda and thighs, and what dreadful consequences should we not have reason to expect, if this acrid matter occupied the vessels which pour out the menses? For, even according to my opinion, of its being an affection, in which the mucous membrane is immediately concerned, we have no other resource than to suppose, that some of the muciparous glands are still capable of preparing

\* Med. Rat. Syst. t. 4, p. 4, c. 16. Thes. Pathol. § 23.



and furnishing healthy mucus, which may defend the internal surfaces, of the uterus and vagina, from the action of such a discharge.

In addition to these general reasons, we have the demonstrative evidence of dissection and actual observation, that the flow does not always proceed from the uterus alone; for frequently the internal surface of both the uterus and vagina are concerned in the production of the discharge, and sometimes, as already shown, those of the vagina alone: wherefore it cannot, in such instances, be produced by the same vessels which, in their natural state, pour out the menses. If to this we add, that the purely serous discharge is not established, by one well ascertained fact, to have proceeded solely from the vessels of the uterus, so as to constitute this disease, we must conclude, that such is but a rare occurrence, and, by no means, the affection generally termed leucorrhœa.

Attempts have been made to reconcile the contradictory fact and supposition; the fact that the fluor albus proceeds from the vagina in pregnancy, and the supposition of its being poured out by the menstrual vessels.

The vessels, it is said, of the uterus and vagina, are connected by very numerous anastomoses, and hence, when the uterus is closed, the serum flows. \* This is so absurd an explanation, that it requires no refutation. It is somewhat analagous to that reasoning, which, more lately, suggested an absurd practice for the cure of amenorrhœa: it consisted in applying pressure to the femoral vessels, to produce menstruation. Did they not perceive, that if nothing more were concerned, in menstruation, than the mere loss of blood, the monthly use of the lancet, would obviate all the bad effects of

\* Trnka, Hist. Leuc. pars 1, § 15, p. 47.

suppression? The use of the lancet, even for this purpose, was recommended by Dr. Fothergill! \*

Duncan, in his Commentaries, relates a case which shews, that the leucorrhœal discharge, sometimes proceeds from the vagina alone, and that the catamenia proceed from the interior surface of the uterus.

A woman, who had long laboured under prolapsus uteri, was at last attacked also by the fluor albus, and it was observed in her, that the menstrual discharge came through the os uteri, but the leucorrhœal always from the vagina.†

That both the interior surface of the uterus and vagina may be concerned, these, with the following facts from Morgagni, on Leucorrhœa, amply prove. ‡ He squeezed the white matter of fluor albus from different parts of the interior surface of the uterus. § In a virgin, who died at the age of fourteen, were found tubercular swellings on different parts of the viscera, and a very thickened portion of the omentum adhered to the fundus uteri. The uterus was very small. The capacity of the fundus was full of a white humid matter, verging to a yellow or greenish colour. Minute whitish tubercles appeared on its anterior surface, but none at the border of the os uteri. The vagina and hymen were inflamed, from the matter, no doubt, of the discharge.

|| In another case, greyish white matter was found in the cervix uteri and vagina; the blood vessels of the fundus gave an appearance to the membrane, similar to what the schneiderian would evince, in consequence of cold. He adds, that both ancient

\* Vid. Med. Obs. and Ing. vol. v. p. 180.

† Commentaries, vol. iv. p. 88.

‡ Morgagni, Epist. XLVII. § 12.

§ Idem, § 14.

|| Idem, Epist. LXVII.



and modern physicians reckoned these effects very similar to each other.

I have, however, no hesitation in stating the vagina to be the common source of the disease. We might, with equal plausibility maintain, that the puriform matter occasionally discharged from the cavities of the lungs, fauces, and nose, is poured out by the same vessels, with the blood in epistaxis and hœmoptysis, as that the menstrual and leucorrhœal discharges proceed from the same vessels.

## II. *Source of the Leucorrhœal Discharge.*

It appears established, that the leucorrhœal discharge proceeds from the membrane investing the uterus, and more especially from that of the vagina, or from both, in consequence of an affection occupying, to a greater or less extent, one, or other of the internal structures of those parts, or both of them, at the same time; and that discharges, from other sources, or caused by other diseases, seated in the same parts, may be mistaken for the leucorrhœal, but we may, by a little attention, easily distinguish the latter from the former.

The functions of various organs of the body are liable to derangement, and many of them will, by their own powers, recover their original healthy action, even after that which occasioned such disease has ceased to act. Others, however, require the assistance of art, which, in a greater or less degree, according to the attention given them, are speedily or otherwise restored to their healthy functions.

Mucous membranes, which are much concerned in the production of this disease, seem, without immediately or directly endangering the life of

the patient, more capable of supporting their diseased action, after the cause of such complaints has been removed, than perhaps any other organ of the human body. I do not, however, conceive that we can estimate the severity of this unpleasant complaint, either by the quantity, or, in general, even by the quality of the discharge. These are so much influenced by local circumstances, that, forming our judgment of the mildness or the severity of the complaint, by such appearances, must often lead us into error. The effect of the disease on the *general health*, is a better criterion to judge by.

A great proportion of women have been taught to believe, that leucorrhœa is a natural discharge! the existence of which is, for the most part, absolutely necessary to the preservation of health; and if their health be already considerably impaired by it (which sooner or later happens to all), the old and experienced matrons most fatally console themselves and others in the supposition, that to this discharge alone they owe the little health they possess. It is not, therefore, to be wondered at, that women often so strenuously deny being affected by it. This dangerous mistake must have first had its origin in the difficulty which, till lately, existed in our attempts to account for and cure the disease; and this being the next method of accounting for this uncomfortable situation, it has been handed down to us pretty entire, and is too commonly had recourse to, even now.

It may be difficult to determine, whether the discharge proceeds from the vagina alone, or from the uterus, or from both.

When there has been no disturbance in the functions of the uterus, when the general health is good, or not evidently suffering much, when the functions of the stomach, which so sympathetically participates in the morbid affection of the uterus,



remain unimpaired, we have reason to think that the vagina is chiefly in fault, and *vice versa*.

If the disease have altogether another source, and proceed from the urinary organs, we may discover, by the functions of the bladder being disordered, by pain in passing water, the discharge being much increased in rising from a horizontal posture, the appearance of the urine, and the discharge always disappearing for some time after the passage of the urine.

When the case is, as very frequently happens, rendered complex, by the presence of other affections, we must judge of these, as well as of their magnitude and importance, from the additional symptoms which manifest themselves. The discharge is often only a concomitant symptom, or comparatively insignificant addition to affections which may hold in contempt the dexterity of art, and almost convert into folly the ingenuity of science.

The two following cases, which lately came under my observation, as illustrating these varieties, are worthy of notice.

A young girl, aged 16 months, after suffering severely from an inflammation in the left groin, which rapidly became of a livid colour, suppurated, burst, and became an ill-conditioned ulcer, was affected with swelling of the *labia pudendi*, and had puriform matter discharged both from the ulcer and from the parts of generation. The ulcer was kept clean, dressed with ung. alb., and cathartics were given; still the ulcer increased in size, and became puckered, irregular, and thick in the edges. On examining the child's mouth, several of the teeth were felt distinctly almost through the gums, which being freely opened, the child soon after seemed much relieved. The ulcer was still dressed as formerly.

Speedily the ulcer in the groin assumed a heal-

thy appearance, the inflammation was greatly reduced, and not long after it was completely healed. The state of the teeth was evidently the cause of this complaint.

Another young lady, aged five years, had, for several weeks, been affected with violent inflammation of the *labia pudendi*, with great swelling, difficulty of voiding urine, and a plentiful discharge of puriform matter from the parts of generation. The parts became livid and acutely painful, but there was no external ulceration. Cathartics were given, and emollient poultices applied, before I saw the child. On examining the mouth, I found that the child had the full number of teeth for one of her age. By a continuance of the treatment mentioned above, the inflammation, swelling, and pain in voiding urine, gradually abated, and, in about ten days, entirely disappeared. The discharge from the parts of generation continued about a week more, when it likewise went away.

### III. Causes.

While we uniformly find that those possessed of a considerable portion of corporeal strength, are the least liable to be affected by this disease, we also find that there is not a power that can debilitate the human frame, but has been, and perhaps truly reckoned one of its principal causes; because, while the natural vigour of health resists disease, debility is the bloated parent of the sad and numerous family, which we every where see around us. Thus it is, that every degree of either local or general debility is not only a disease of itself, but renders the habit of such persons extremely apt to be affected with any other sort of disease, to the influence of which they may expose themselves. Debility once being induced, either locally or generally, the



chain of health is broken, and every succeeding assault on the system, which previously could have stood unmoved, is now felt in proportion to the increase of that debility.

Authors and their followers, however, are in dreadful confusion, when they wish to make the causes of this disease agree with their preconceived theory. Thus we find much labour thrown away to prove its existence to depend on plethora, irritability, &c. according as the author is attached to one or the other theory.

Those circumstances which contribute most immediately to the production of leucorrhœa, are such as debilitate the uterus or vagina themselves, viz. difficult labour, abortions, and uterine hemorrhages; to which may be added, inflammation, and whatever can induce subsequent atony or depraved action of the membranes investing the vagina and uterus.

Wherever there is a clear, pure, dry atmosphere, rather cool than relaxingly hot—wherever the occupations and amusements are moderated to the strength of the body, leucorrhœa is, comparatively, seldom met with, and then only in a slight degree. In damp, relaxing places, such as Holland, or in all great and crowded cities, such as London, Paris, &c. there is scarcely one lady entirely free from this disagreeable complaint. The plans of living too often adopted, in these places, may often cause this complaint. Thus all kinds of irregularity of living in the female, such as indulgence in luxurious living—want of regular exercise—large parties and late hours, with want of free exercise in the open air, and while they are studying the accomplishments, rather than the invigoration, of the body, they become irritable, and all these tend to produce diseases of the uterus.

As to the suppression of the mucus discharged from the nose, or even that of the secretion of milk

in the maminae of nurses, which have been numbered among the causes, they seem scarcely worthy of notice.

#### IV. *Symptoms.*

The disease is denominated leucorrhœa, fluor albus, or whites, and sometimes weakness, from the appearance of a certain fluid matter discharged *per vaginam*; which is the characteristic symptom of the affection.

In addition to the discharge, the patient complains of severe pain of the back and pubis. Pains of different degrees of acuteness and continuance, also extend along the spine, the loins, and are occasionally felt in the head, stomach, intestinal canal; in the kidneys, bladder of urine, uterus, and in one or more of the joints.

The abdomen is tense, and often swells to a very distressing size—hard inequalities are frequently felt in different parts of it, and lassitude, debility, and sluggishness, are generally remarkable. The pulse is from 80 to 100, or 120, per minute, feeble, sometimes irregular, or even intermittent.

The patient is oppressed with a sense of uneasy, bearing down weight in the cervix uteri, so that she feels easier when sitting with the knees drawn upwards. She sleeps little, and even that little is disturbed by fearful dreams, and is far from refreshing. The general health and external appearance suffer apace, though near the commencement of the disease, and even for a long time of its course, this is not very perceptible.

She generally looks pale and emaciated—her eyes are dull, streaked with a dull red, and have a blue semicircle under them—and there is a certain softness, a sort of puffy swelling, and bleated



appearance over the whole body, in this respect resembling chlorosis.

In the progress of the disease, the skin assumes a yellow taint, the feet and ankles swell toward evening. Some, or all the functions of the body, become disordered, appearing variously in different individuals, and at different times during the disease. In all, indeed, at one or other period of the disease, especially in its advanced stages, the features of the patient will easily declare its presence.

Her mind is very dejected, very apprehensive, very easily alarmed, and affected with deep melancholy. She is extremely peevish, fretful, irascible, and anxious. She feels oppressed about the precordia, is troubled with slight cough, dyspœna, or rather a want of power to breathe, and pain on full inspiration, with palpitation and fainting, particularly on the body being suddenly moved, or the mind in any way alarmed.

The affections of the stomach and intestinal canal are generally present during the whole course of this complaint—these are want of appetite, depraved digestion—violent pain in the head—in short, all the symptoms of dyspepsia, with sickness in the morning and evening, and vomiting. The bowels, for the most part, are obstinately costive, but sometimes there is a severe dysenteric attack, succeeding the constipation. The urine is turbid, and the bladder is often much affected.

The menstrual discharge is frequently too copious, irregular and discoloured, and sometimes scanty, or even suppressed, as shall subsequently be explained. This last occurrence has been followed by very singular symptoms, for to suppression of the menses, we are assured that there often supervene hæmoptysis, dysentery, hæmaturia, inflam-

mation, schirrus, many affections of the viscera; and there is not only epistaxis, but discharges of blood from other parts, as the meatus auditorius, the points of the fingers, &c.

The disease is sometimes cured spontaneously, by some change or revolution in the system, manifesting itself in critical evacuations, as copious salivation, diarrhœa, sweating, vomiting.

It is said to have been sometimes, though rarely, removed by puberty and conception, but this seems not very probable.

When it is not removed by nature or art, it proceeds to waste the constitution with accumulating mischief.—All the calamities above detailed are aggravated—the eyelids and face at length swell in the morning—the legs and feet in the evening—the body is astonishingly meagre and debilitated, and now, in the last stage, hectic fever, with all its dire attendants, and dropsy in every form, supervene, and terminate the miserable scene.

Hysteria, in a greater or less degree, generally precedes and accompanies the disease through its course. The greater number of those symptoms are common to this, with the other affections in which the uterus is, or appears to be, concerned.

The disease is said to have affected females of every age, even infants at birth, and I have known it affect them shortly after, and continue for many years. It sometimes attacks severely, during pregnancy, those who are slightly affected with it when not in that state; and there are instances of women being attacked with it only during pregnancy.

After it has continued for some time, the function of generation is disturbed, and it is not an uncommon cause of sterility. It has observed all the varieties of duration, from a momentary attack to that of thirty years or more; in general,



however, leucorrhœa is very obstinate, and sometimes defies all the powers of art.

### V. *Discharge.*

The discharge is sometimes continued, sometimes intermitted; varies in quantity at different times, and according to different circumstances; is more copious in winter than in summer, is also more copious a day or two before the flow of the menses, than during the rest of the interval between the period of their appearance.

The quantity is occasionally very abundant, or the contrary, being influenced by passions of the mind, and every thing which, in the least, affects the state of the body. The matter of the discharge assumes a great variety of appearances, according to the state of the parts from which it proceeds, and, more or less, to that of the general habit conjointly. It is at one time, clear, limpid, viscid, or glary, at another, white, green, yellow, brown, or of mixed colours, and sometimes it is completely puriform.

When the disease is far advanced, it becomes sanious, ichorous, acrid, shockingly disagreeable to the sight and smell, and so excoriates the uterus, vagina, labia pudendi, and thighs, as to prevent the patient from walking.

In the discharge there sometimes appear, particularly in the last stage, fleshy tumours, detached coagulated substances, portions of membranes, the products of spiculation, and even animalcula resembling ascarides, are recorded to have been found in it.

Sometimes the discharge stops suddenly and spontaneously. This is succeeded by very troublesome consequences—as pains in the hypogastric region, and head, fever and delirium—ulcers break out on different parts, which relieve these symp-

toms, and, not unfrequently, on such an occasion, acute, chronic, exanthemata, break out over all the body. Erysipelatous, and other eruptions, however, are not rare at any time during the disease.

Dr. Cullen's hypothesis implies, that the leucorrhœal is nothing else than the depraved menstrual discharge, but this is not only very improbable, from the circumstances above mentioned, but from others; the leucorrhœal discharge has often all the appearances and properties of pus. Are we to suppose that the menstrual fluid ever assumes this form?

#### VI. *Distinction, &c.*

Some practitioners have deemed it of importance, to ascertain, whether the complaint originated from venereal affection, and was preceded by local inflammation of the vagina, because, in these circumstances, they would consider it rather as gleet than leucorrhœa.

Between gleet, considered as a disease of debility, the principal symptom of which is a chronic, mild, glary, or somewhat puriform discharge from the vagina, and leucorrhœa as an atonic complaint, there really is and can be no distinction, from whatever cause they may have originated; the medical treatment of both must be precisely the same, and equally regulated by the same concomitant symptoms. It will frequently happen, that we cannot determine whether the complaint has arisen from venereal infection; in most instances, however, we may judge with tolerable precision, from certain circumstances in the history.

If the patient has been rather declining in health for some time—been troubled with stomachic affections, pains in the loins, &c.—has not been



regular in her menses, either as to quantity, duration, or recurrence—if the menses have, either been preceded or followed, for some time, by an usually great serous discharge, and there has, to these symptoms, succeeded a thin, glary, or even more or less puriform discharge, unaccompanied with heat or pain in the bladder or uterus, or their canals—if the patient has suffered from abortions, tedious or difficult labours, or is at that age when menstruation must cease, in obedience to an immutable law in the animal economy, we shall be pretty safe in considering the complaint as leucorrhœa: but if a woman, enjoying good health, is suddenly attacked with ardor urinæ, puriform discharge from the vagina, and other inflammatory symptoms, the suspicion of venereal infection will be very strong.

Still let us hesitate before we pronounce an opinion—we may stain the purity of innocence, and, to bodily sufferings, add those of the mind, from which the unfortunate individual may never recover. Though the suspicion be very strong, yet even this form of the disease may arise from many causes, totally independent of infection or coition.

Inflammation of the most active kind, seizes the female organs of urine and generation, quite independently of infection, and that even in infancy, as is shown by the two cases, pages 242-3, when the time of life precludes the possibility of suspicion; there is no accoucheur who cannot testify this.

Young women are sometimes afflicted with such itchings, heat, and pain, in these parts, that they can neither sleep, sit, nor walk. The glands about the urethra, the clitoris, the labia pudendi, are discovered to be enormously tumified, reddened, excoriated, and exquisitely sensible to the touch. Pus flows in great quantity, the urine cannot be

voided without excruciating torture, and the complaint is completely removable by the common antiphlogistic means. In short, the membranes investing the vagina and uterus may be inflamed, though not by the poison of lues, just as easily as those investing the mouth, fauces, and lungs.

When the discharge has continued for any great length of time, the constitutional and local symptoms are the same, from whatever causes the disease has proceeded, and the cure is to be conducted in precisely the same way, so that the distinction is not now of so great practical importance; but even here we sometimes form a pretty correct opinion, from enquiring into the history of the complaint.

Even though a gonorrhœal discharge, with or without excoriations, of the prepuce and glans penis, appear in consequence of connection with a female, this is not complete evidence of venereal infection, for this often happens to a husband, when his wife labours under leucorrhœa.

We have reason to believe, that, on such occasions, the rash and false judgment of medical men has often been productive of irreparable mischief—blasting the reputation of an innocent wife, the confidence and peace of mind of her and her husband, and disgracing their innocent offspring.

## VII. *Affections combined with Leucorrhœa.*

There is not a disease which assails the female body, with which, according to authors, leucorrhœa has not been connected in the relation of cause, concomitant, or effect. The affections, however, with which it is most frequently connected, are those of the uterus and its appendages. Among these we may number schirrus, cancer, tumours of various descriptions, indurations, and other affections of the vagina, uterus,



and ovaria; similar affections also of the bladder and kidneys, paralysis of these parts, strangury, or dysury, and calculous affections.

It often exists along with scirrhus, or cancerous tumors of the mammæ, and with some one of the herniæ. In short, whatever greatly deranges, and greatly debilitates the system, is most apt to occasion it.

In examining cases of this disease, we ought to ascertain whether there are tumors about the cervix uteri, or any of the parts which can be examined. In females advanced in life, and particularly about the time of the cessation of the menses, and in those who have cancerous affections of the mammæ, we have occasionally reason to think that such tumors are present, from small fleshy bodies having been voided *per vaginam*.

When, without the evident symptoms of disorder in the uterine functions, there has been great pain and irritation in the parts, unaccompanied by any discharge, with some other inflammatory symptoms, more or less severe, and these at last abate, and a discharge of puriform matter appears, we have reason to think that an abscess has been formed.

The following cases, treated by Mr. Hey, of Leeds, do great honour to the author.\*

“ In April 1780, Mrs. D. of S., about twenty miles from Leeds, consulted me on account of a very troublesome fluor albus, as she judged it to be. She informed me, that the disorder had come upon her about five years before, during pregnancy, and had hitherto resisted the effect of every remedy given for her relief. In answer to my enquiries, she gave me the following account of her complaint.

“ The colour of the discharge was white, inclining to yellow. It flowed in an irregular man-

\* Hey's Surgery, 1803; p. 486.

ner, unconnected with any circumstance which she could recollect. Sometimes it began to flow suddenly in large quantity, and continued diminishing until it ceased. The parts were often rendered sore by the evacuation.

“ From these circumstances, I suspected that the nature of the complaint had been mistaken, and was apprehensive, that a collection of purulent matter might have been formed in the vagina. I gave her the reasons of my suspicion, and told her, that, in my opinion, the true state of her case could not be ascertained, without an examination of the parts affected.

“ Upon examination, my suspicions were verified. I found a quantity of purulent matter collected on the left side, where the labium pudendi joins the vagina. I thrust the blunt end of a probe into the cyst, where it appeared to be very thin, and the matter flowed out very copiously. I informed her, that a surgical operation would be necessary for her cure; but she declined submitting to it, and returned home.

“ I heard no more of my patient till May 1781, when she returned to Leeds, determined to put herself under my care. The disorder had remained in the same state. The cyst was sometimes healed, and then bursting open, continued for a time to discharge the purulent matter as before.

“ Upon dividing the cyst, I found that the cavity in which the matter lodged, was about an inch and a half in diameter. The whole interior surface of the cyst was smooth and shining; and, on that account, I judged it improbable that a simple division of the cyst would effect a cure. I thought it necessary, therefore, to remove the greater part of that portion of the cyst, which was formed by the internal lining or cuticle of the labium pudendi. The hemorrhage was inconsiderable, and soon ceased. The wound healed kindly, and my patient obtained a perfect cure.”



“ In 1786, Anne Miller came under my care as an out-patient of the General Infirmary at Leeds, for a node upon the tibia, which I suspected to have had a venereal origin.—When she was about to be discharged, cured, she informed me, that she had been troubled for fifteen or sixteen years with sudden and irregular discharges of purulent matter from the vagina. These discharges, she said, were frequent, and considerable; yet she never perceived any matter to be mixed with her urine.

“ Upon examination, I found a roundish tumor at the os externum, appearing to be formed by an enlargement of the bulbous part of the urethra. When the tumor was compressed, pure pus issued from the urethra; yet her urine did not contain the least mixture of purulent matter. Upon introducing a bent probe into the urethra, I could easily push it into the most depending part of the tumor; and could feel the probe distinctly by a finger introduced within the vagina.

“ I divided the tumor longitudinally, at a time when it was distended with matter. That part of the vagina which I cut through, was not thinned by distention, but was rather tough. The cavity of the cyst was smooth. As the opening which I made was depending, and as the removal of any part of the cyst would have been attended with difficulty, I only filled the cavity with lint. A small artery was opened by dividing the cyst, but the hemorrhage did not continue long. This patient recovered speedily, and got quite free from the complaint.”

When cancer is present, the symptoms are too tremendous, and too decisive, to leave any room for doubt, although, I may mention, that I have several times been assured of cancer being the cause of such discharges, when no such dreadful state of the parts existed.

## CHAP. II.

*Chlorosis.*

The disease, termed Chlorosis or Amenorrhœa, most commonly begins about the thirteenth or fourteenth year, and exists in consequence either of suppression or retention of menstruation : that evacuation not appearing at the proper period is the cause of great distress.

This disease may exist from the menses, being secreted but retained by imperforated hymen, by adhesions in the vagina, or indeed from any possible obstruction of that fluid after it has been secreted. It may also exist when secretion of the menses has not yet taken place, and consequently when no obstructing cause is necessary to explain it. In such a state, especially, when the breasts are not evolved, it can scarcely be considered as amounting to disease, unless combined with other morbid symptoms, and medicine given, in such a state, is often productive of much mischief.

This is a disease of very frequent occurrence, and those who wish to conceal their being pregnant will deceive their medical attendant if they can ; they lay the result of a natural operation, to that of disease, in order to entice him to give them medicines, or use other means, to set their mind at ease, by destroying their approaching offspring, and in this way restoring their menstruation. Every one ought to be aware of this method of deception.

Perhaps there is scarcely any other cause so likely to produce an immediate obstruction to this discharge, as the application of cold or dampness, or from fear, violent passions, &c., which will either prevent its coming on, or stop it after it has



begun. Next period, however, the discharge may return in the right way, and the health does not suffer by it; but there are many chances that it will not, and when once irregularity has been established, the health is gradually undermined, variously in different females, from the slightest inconvenience to the greatest possible accumulation of human misery.

The pulse is quick, feeble, and tremulous, the heart beats, and fainting fits are not uncommon; the breathing is quick, hurried, and difficult, attended with a disagreeable tickling cough; the temples throb—there is an indolence, a disinclination to any sort of activity, and an oppressive overpowering melancholy, which induces the patient to shun every sort of society. The urine is frequently high coloured, thick, or red, and generally small in quantity.

The features are tumified and inexpressive, and an uncommon paleness of the lips, and paleness or yellowness, nearly approaching to a shade of very faint green, sometimes a sort of tallow colour pervades the whole face, while the eyes are dull and heavy, and the eyelids swelled, especially on getting out of bed: these are often accompanied by most violent head-ach. The powers of digestion seem almost completely lost, and there are frequent attacks of spasm in the stomach. Sometimes there is an inclination to eat cinders, candles, clay, &c., while there is a repugnance to proper food, and no reasoning we can use can prevent such habits. After eating, a great weight or uneasy fulness is experienced about the stomach, which is partially relieved by eructations.

The whole body is flaccid, the extremities are edematous, especially towards night, weariness, or pains, are felt about the loins, and the patient is totally unable to use the moderate exercise, without suffering the greatest distress, from palpitation, &c.

In most of the far advanced cases, we find all the functions of muscular action, of digestion, nutrition, respiration, circulation, and generation affected, yet there exists no organic disease, but a general want of power pervades the whole system. The patient is of course often so exhausted, that she is obliged to make the strongest efforts, to prevent her sinking under the effects of her complaints. Should death be the consequence of this disease, it is usually caused by dropsy.

Chlorosis differs from jaundice, although, to a superficial observer, the colour of the skin in both diseases, sometimes come very near each other. In chlorosis, however, we do not find the tunica conjunctiva, or white portion of the eye, so deeply tinged as in jaundice.

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## CHAP. II.

### *Dysmenorrhœa.*

Whatever may have been the original cause of what is called Dysmenorrhœa, in which the catamenia flow with difficulty, and are accompanied with great pain, we know debility to be in general present to a great degree, when that disease is violent. This affection is sometimes accompanied with discharges, of a skinny or fleshy nature, attended with great pain.

This pain, at each monthly recurrence, especially during the first day or two of the flow, is sometimes so exquisite, that I have known women declare they would rather suffer the pains of labour, at each time, than be subjected to it.

Some females, though affected severely with pain, at each periodical return, have little or none in the interval; others are only in pain every



other, or every three or four months; some are pained for a few of the first years, when they become well, while others are well for a few years, and then become ill. All these delusions keep them from considering the importance of the subject, in hopes that it may disappear spontaneously.

Cullen, as usual, thinks, that it depends on spasm of the extreme vessels of the uterus. This may exist along with it, but I am sure is not the cause of it, nor do I think his practice of prescribing opiates, though it remove such spasm, can possibly remove the disease. Hyocianus has also been prescribed, which acts nearly on the same principle, but can produce nothing more than temporary relief—they never can effect a cure.

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### CHAP. III.

#### *Menorrhagia.*

Menorrhagia is an irregular, but at all times an increased flow of blood, from the parts of generation of women, or it may simply consist in a remarkable increase of the menstrual fluid alone. Every case of menorrhagia, however, does not begin in this way, for some of the worst cases frequently commence by an irregularity in the menstrual discharge, attended with head-ach, giddiness, throbbing of the temples, difficulty of breathing, heat, feverishness, thirst, and flushing of the face. This irregularity, uniformly recurring under the above circumstances, may, in many instances, be deemed a forerunner of menorrhagia, which, unless removed, will at length terminate in that very distressing complaint. There are few females, however, but have occasional slight irregularities in this discharge. It only amounts to disease, when each recurrence continues much

longer than in health, is discharged in clots, and attended by debility and general derangement of the system. Still we must be on our guard, in respect to the systematic derangement, lest we be led to draw a wrong conclusion, from the profuse flow common among cooks, and those who indulge in luxury and high living.

All the causes of menorrhagia, assigned by Cullen, in his first lines, such as a continuance of full and nourishing diet, much strong liquor, intoxication, violent strainings or shocks of the whole body, falls or contusions on the lower belly, violent exercise, violent passions of the mind, excess in venery, particularly during menstruation, a costive habit, &c., frequent abortions, frequent child-bearing without nursing, difficult tedious labours, living much in warm chambers, and drinking much warm enervating liquors, such as tea, &c. are evidently calculated to induce, directly or indirectly, a state of local or general debility, previous to the appearance of the disease; consequently I cannot, with him, consider it as an active hemorrhage. From whatever cause it may arise (for various causes may combine to produce this state), it uniformly tends to induce every symptom of the most dangerous debility of the general system. The face is pale and ghastly, with sharpness and shrinking of the features, frequent cold sweats about the forehead, want of inclination and ability to use any sort of exertion, inability to sit upright, coldness of the extremities, œdematous swellings of the feet and ankles, are general attendants on this complaint; while the mind is easily affected by hysteria, melancholy, &c.

In advanced stages, the most depressing debility is experienced, on the very slightest exercise being used, and palpitation and fainting takes place, even indeed without motion, while the pulse is uniformly feeble and irregular. In this stage



cold clammy sweats drench the whole body, and these are sometimes accompanied by the most distressing hiccup and shivering. The danger attending it seems to depend rather on the suddenness of the discharge than on the quantity, and owing to the largeness of the uterine vessels, the quantity is sometimes alarmingly great. Indeed, the distress is not greater by an extraordinary flow, than by a total suppression, or by irregularity. An extraordinary flow will often succeed suppression, which is again followed by irregularity, and still the symptoms of weakness will increase, as if either one or other forms of this disease had existed from the first. Although, therefore, the preceding complaints are opposite in their external appearances, they all ultimately produce somewhat similar effects on the general system.

While enumerating these diseases, I may take notice of another complaint, which sometimes presents itself to us in a most alarming and threatening form, and which, in a practical point of view, resembles those I have just mentioned. I allude to that distressing irregularity in menstruation, which very commonly torments the patient for years, but more frequently only a few months previous to the complete disappearance of the catamenia. This state is often accompanied with head-ach, and hysteric affections, fluor albus, and shrinking or fading of the breasts. The flow of the menses, about this time, is often very irregular, sometimes it occurs once a fortnight—sometimes not oftener than once in three or four months. The evacuation too is sometimes excessive, and almost constant for a length of time—comes away in large clots—the patient suffers choleric pains, hysterical affections, and indeed every complication of bodily distress. Again we find, about this period, that the discharge is only irregular, and not so profuse.

We sometimes meet with cases where menstrua-

tion, after having continued regularly for some time, begins gradually to become irregular, and, at length, a total suppression takes place. This state of the system often continues for months, or, in very strong women, even years, without occasioning any apparent injury to the general health; but unless it be removed, the complaint always terminates in an almost complete wreck of the constitution. Indeed, there are more instances of the female constitution being completely and irreparably broken, at this, than at any other period of their lives.

Under these circumstances, if the patient be not soon relieved, she is generally seized with some other systematic affection, generally of a chronic nature, which always irremediably ruins her constitution, and not unfrequently terminates her existence. I have seen numerous cases of this sort, and am convinced, that every moment lost, till the complaints are removed, is, though often for years unperceived, ultimately attended with the most ruinous consequences.

It is by no means an uncommon symptom, attending irregularity in the menstrual discharge, for an enlargement of the uterus gradually to take place, similar to, and, not uncommonly, under certain circumstances, mistaken for pregnancy; and, as women do not wish to think they are growing old, they are willing to believe that pregnancy is the cause of this enlargement. I have known many ladies persist, from this enlargement, as well as from a similar motion to what is felt in pregnancy, in the idea of their having been several months in that state. Disappointment, however, was always the result, for, even without any visible cause, or even the slightest discharge, or, occasionally, with a copious discharge of dark coloured fluid, the enlargement has, in a few hours, often sooner, entirely disappeared.



## PART V.

## TREATMENT

OF

## FEMALE ORGANS OF GENERATION.

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*General Remarks on the Treatment of the following Complaints.*

THE removal of those diseases of the female organs of generation, as restoring the general health of the patient, is of great importance; but what renders their cure incalculably so, is the restoration of the lost functions of those parts, by which the continuation of our species is preserved. Their treatment has been various, regulated rather by accident, or the whim of the moment, than by the success attending it, or by any fair mode of reasoning of the physician. In consequence, therefore, of this complete want of success, they have been considered as incurable, unless (which was only likely to happen in very slight cases) some favourable change accidentally took place in the constitution, and indeed this was all that either the physician or the patient looked to for relief. It is too often the case, indeed, especially in diseases of the female, to find certain of them termed incurable, not from their incurable nature, but merely because the medical attendant is ignorant of their nature and management, and

consequently does not know how to cure them. Thus we find individuals, in every rank in society, consigned to sink under their diseases, or to linger out a life of hopeless misery, and premature dissolution. Physicians, considering them incurable, instead of devoting their time to discover some successful mode of treatment, often fatally amuse their patients, by assuring them, that the removal is not of very great importance, or that the various natural changes which, at certain periods of their lives, must take place in their system, will probably effect a removal of their complaints. Thus, in anxious expectation of such changes, the vigour of constitution is gradually, yet surely wasted, and too often, without the arrival of the long and anxiously wished for relief, other diseases, consequences of the first, attack them, and, for the most part, only terminate with their miserable existence.

If chlorosis, dysmenorrhœa, or menorrhagia be brought on by long continued, though slight leucorrhœa, our attention being principally paid to this last, and a complete removal of it effected, almost all the other affections will, with it, completely disappear.

Whatever may have originally caused either of these complaints, and although, probably, the uterine vessels be, during such states, principally affected, yet we uniformly observe, with scarcely an exception, that general stimulants, applied for a length of time, remove all of them.

I believe it impossible for any topical or local application, or any medicine, supposed to act specifically on the uterus alone, to remove such complaints. Our only object, therefore, must be, to use such means as act on the uterus, &c. through the medium of the general system, as, in this way alone, we can have any chance of success. In-



deed, local applications only aggravate the mischief, by irritating the parts.

By considering these complaints as totally different from each other, and recommending entirely a different mode of treatment for each, we not only fail of success, but render their natural simplicity extremely perplexing.

Though certain of the following complaints have their origin from a local cause, yet, when they have continued any length of time, they depend more on the general state of the system, than merely on local derangement, and their medical treatment ought, therefore, to consist almost entirely in general applications; and topical means, at present almost entirely resorted to, ought to be avoided, unless such as produce momentary comfort to the patient. General remedies are sometimes resorted to in the routine of practice, but, from their inertness, they are, in my opinion, altogether inefficient. If these complaints arise from debility, the cold bath, with general stimulants, are to be had recourse to; if from plethora (which is not so common), friction, depleting medicines, blistering, and abstracting blood, in such quantities, as may be best suited to the strength of the patient, must be preferred. Depleting means, however, are scarcely ever requisite. I may mention, as a good general rule of cure, that as exposure to damp air, and other general relaxing means, in a great measure cause these complaints, no situation in which we can place those under our care, is so advantageous as in a clear dry atmosphere.

We always find, that the longer these complaints continue, the more difficult and tedious they are of removal, and that they are easier cured in young than in old women.

## CHAP. I.

*Leucorrhœa.*

All medicines in the ancient or modern publications (and an amazing multitude of them have been recommended),\* and all other means, which either the caprice of the physician, or the predominance of the theoretical doctrines of any age could suggest, have, almost, without exception, been ineffectually employed to remove leucorrhœa; but the substances which have deservedly maintained their character, as being most frequently useful, are the various preparations and vegetable productions, which act nearly on a similar principle, and are denominated tonics, with the use, at the same time, of cold lavation, and astringent injections. In very high repute are the balsams, and the lyttæ are said to be sometimes successful.

“As the leucorrhœa,” says Cullen,† “generally depends upon a great loss of tone in the vessels of the uterus, the disease has been relieved, and sometimes cured, by certain stimulant medicines, which are commonly determined to the urinary passages; and, from the vicinity of these, are often communicated to the uterus. Such, for example, are cantharides, turpentine, and other balsams of a similar nature.”

If we attend to the facts concerning leucorrhœa, which daily obtrude upon our observation,

\* See Astruc, on Female Diseases, where the nature, the diversity, and the quantity of applications recommended, are truly lamentable; and bold must that patient be, and also reduced to great wretchedness, who could submit to be made such a walking apothecary's shop: as, for such complaints alone, he gives a catalogue of drugs that might furnish the largest laboratory in the kingdom; and, among others, advises that the patient, in suppression, or in retention of the menses, should even dilute the menstrual fluid of another person and drink it!!!

† Cullen's Practice, Vol. III., p. 30.



we shall find an easy explanation of that success and failure.

The complaint originates in an almost infinite variety of circumstances, and exists in every degree. Sometimes there is an attack of it from occasional grief or alarm, which spontaneously goes off, after a few days continuance, and whatever remedies are used in such a case, seem successful.

In a family which I sometime since attended, a lady, much shocked at the death of a child, was seized with a most violent attack of hysteria, which continued, with little intermissions, for twenty-four hours; when the hysteria went off, a very copious leucorrhœal discharge commenced; this went off in two days, and was immediately succeeded by a renewal of the hysteria, which was much less violent than the former, and went off gradually, nor did the leucorrhœa return. This lady's menstruation had returned at shorter intervals, been more copious, and of longer duration, for the previous twelve months, than formerly, and she had been subject to slight attacks of hysteria, but not to leucorrhœa.

I have found, after a copious menstruation, that leucorrhœa came on with dyspepsia, diarrhœa, and fainting, and this was completely removed by cathartics, followed, for a few days, by the moderate use of wine and bark. I have met with instances of this complaint, even of considerable duration and obstinacy, not accompanied, however, with much debility of the general habit, but great constipation, and other symptoms of dyspepsia. This also has completely yielded to the use of the most powerful cathartics, a pretty severe hysteria disappeared along with it, and the appetite returned, without any other means being employed.

Sometimes in young women, who had been

subjected to cold, during the flow of the menses, these have stopt suddenly, head-ach, pain in the loins, and general uneasiness have come on, with a flow of high coloured urine, and a puriform discharge. This is removed by smart purging and diluent drinks, with cold lavation.

In one or two instances, I succeeded by copious venesection along with these means, because, on account of the violence of the symptoms, I did not conceive myself warranted to trust to the former means alone.

A case of the same nature occurred, which afforded me an instructive lesson. A young woman complained that her menses had intermitted at the last period, she had found herself drowsy, sluggish, unwilling to move, and had a sense of weight in the back and loins; her bowels were kept pretty open, and she was ordered to walk about and force herself to be active, but her menses did not return.

She was of a florid complexion, but slender make, and stooped a little; a yellowness began to appear about her eyes, mouth, and forehead, and the drowsiness became worse. At this time, she happened to be much terrified by something or other; in the same night the menses returned, and continued for the usual time, but were more copious, and her complaints seemed entirely removed. In a week or two, she was affected as before, and when the time came, at which the menses were expected, they did not appear. The drowsiness became worse, powerful cathartics did but relieve her for the moment; indeed, she was affected with a degree of stupor which seemed to demand immediate relief.

Accordingly, sixteen ounces of blood were taken from her arm, she fainted, and was much indisposed all night; next day she was greatly better, the menstrual discharge returned, and she



continued regular and in perfect health, and is so still, I believe. It is now several years since this occurrence took place.

I bled her, but ought I to have concluded from this fact, that copious venesection is the only remedy for chlorosis? Surely it would have been equally injudicious, if, on account of occasional success, I had pronounced smart cathartics, wine and bark, and venesection, to be separately and indiscriminately, the proper remedies for leucorrhœa.

There can be no question that amulets, charms, or whatever can inspire confidence, will powerfully assist, and, in slighter cases, perhaps, alone induce a cure.

It will not be difficult for us to see, why the tonic remedies should maintain their character in preference to others, since it is universally agreed that this disease is, for the most part, one of want of tone, not only in the uterus, &c. but in the organs of digestion and nutrition; and that, by promoting and invigorating the functions of the stomach and intestinal canal, we also restore that of the uterus.

It was not uncommon, however, for leucorrhœa to resist all the usual means, and therefore it has long been classed among those irremediable evils which put fortitude to the test.

Hoffman, one of the first who clearly perceived the absurdity of the humoral pathology, with some justice, perhaps, attributed the general inveterate obstinacy of this disease to physicians neglecting the atony of the uterus, depraved digestion, general emaciation and debility, from the belief that this affection originated in the vitiated fluids. Since his time, however, our pathological doctrines seem better founded, yet the practice in this complaint has not proved much more successful.

I shall now detail the result of some part of my practice in this disease.

### CASE.

A LADY of small stature, aged 25, mother of five children, who were all still-born, or died immediately after birth—her general appearance indicated languor and debility, her eyes were peculiarly dull and heavy, her pulse feeble—had laboured under fluor albus for five years and a half, and the attack commenced about two months before the birth of her first child.

At that time, she made her complaint known to the surgeon of the family, who prescribed bark and wine, in the use of which she persevered, from the hopes of recovery, till disgust made her desist. After the delivery of her second child, she was advised again to try the bark and wine, which she continued to take till they produced nausea and vomiting, and the very idea of them was loathsome to her. No permanent alleviation of her disease occurred during the use of these, or any other remedies, which sapient mothers, or experienced old women, had persuaded her to take. Her complaint gradually increased in violence, and was now almost intolerable.

She said she understood that a complete cure was scarcely to be expected, but she would undergo almost any degree of suffering to obtain alleviation. The pain of her back was excruciating, her appetite impaired, and, so far from being able to walk, she could not even stand or sit, without the utmost uneasiness.

The discharge *per vaginam* was so copious and incessant, that, though she used cloths, &c. she was always afraid of being in company, lest marks on the floor should shew her condition. In addition to all which, she was frequently attacked by



paroxysms of hysteria. The discharge was of a glary appearance and consistency.

During the whole time of the disease, menstruation had been regular and natural, and, what is worthy of remark, the fluor albus was more violent during pregnancy than at other times.

The patient said, that the flow was not in uniform quantity, and that an unusually great discharge was always preceded by an excruciating pain in the situation of the kidneys, on which occasion she always had the distinct sensation of something flowing, as it were, downward from the loins, and the cloths applied were found wet with the discharge.

I prescribed tinct. lyttæ, which she continued to use, with the occasional use of an injection, for nearly three months. During this period, her complaint underwent various changes, being sometimes even much worse than before the use of the tinct. lyttæ, but, becoming pregnant, and her complaint being nearly removed, I desired her to discontinue its use.

This pregnancy was attended with circumstances very different from those of any former one, shewing, that some remarkable amelioration had been operated in her constitution.

In her former pregnancies, the leucorrhœal discharge was exceedingly abundant, in the present, after the two first months, the discharge resumed the glary appearance, but was never very copious. In the former, she was much afflicted with uneasiness in her back and loins, and a very distressing sense of languor and weakness of the whole body; in the present, she was lively and active, having no other cause of complaint than what was common to women in her situation; in short, the motions of the child were more distinctly perceived by her, and her health was infinitely better.

She was delivered by Dr. Hamilton, Professor

of Midwifery, of a stout and healthy female child; her former children were still-born, or died soon after birth. Her labour was of short duration, and much more painful than formerly.

Her milk generally resembled thick pus, now it is quite natural. Her cleansings used to be very copious, and resembled tar, now they were as is usual to women after delivery. Pains in her back, and feebleness, distressed her severely, long after her former deliveries, she is now exempt from these, and with her child, is doing extremely well. Since this, she has had two other stout children, which are both alive and well, and the lady herself enjoys the most perfect health.

### CASE.

AN unmarried lady, aged 20, of delicate habit, pale, feeble, and emaciated, complained of all the symptoms of a far advanced leucorrhœa, of nearly four years continuance. The menstruation observed the regular period, but was usually copious and distressing, and, at this time in particular, she was subject to attacks of hysteria.

Influenced by that delicacy peculiar to her sex, she long concealed her situation from any medical man, but at length was prevailed on to allow a statement of her case to be submitted to the judgment of a near relation of her own, practising medicine in London. He ordered the loins to be bathed every morning with cold water, holding salt in solution. This practice, for some time, seemed beneficial, but, on its being in the least intermitted or neglected, the malady always recurred with much aggravation; on which account she ceased to employ it, and the disease having imperceptibly undermined her constitution, there was considerable apprehension for her safety. She at last consented to adopt any plan of medical



treatment, which might be proposed as the means of recovery.

In this case, Dr. Gregory, Professor of the Practice of Physic, in the University of Edinburgh, was consulted, who deemed this a fair opportunity to try the power of the tinct. lyttæ, which, I had informed him, I found a very effectual remedy in similar instances.

For this patient I prescribed that medicine, which she continued to use at least two months, when her complaint entirely disappeared. Although she was some months after affected with other debilitating complaints, the leucorrhœa did not return.

### CASE.

A MARRIED LADY, aged 35, a very tall and slender woman, was affected with this disease: she appeared extremely debilitated, or rather almost exhausted, had had four living children, and two abortions. She had a very favourable recovery after the birth of her second child, and at that time the leucorrhœa commenced. Her first child died at fifteen months old, two abortions followed the birth of her second, and after this, she had two children, each at the full time, but they were very sickly and delicate. She had not been pregnant for two years immediately preceding.

The discharge *per vaginam* was glary, in great quantity, and almost incessant. Her menses observed the regular periods, but were of extraordinary quantity, and attended with excruciating pains, which generally commenced a few hours before the flow. Agitation of mind increased the leucorrhœal discharge, and it was always much worse during pregnancy. Her urine passed with difficulty, was tinged of a brown colour, and sometimes contained a matter of the appearance

and consistence of the leucorrhœal. She used nothing but a little hollands, diluted with water, which she was persuaded to do by her midwife, who informed her that her complaint was a gravel.

I prescribed the tinct. lyttæ, and in a fortnight the discharge ceased. She had, for two or three weeks afterwards, when exposed to fatigue, a slight return of the discharge, but, on removing the cause, it soon disappeared. In the beginning of the following year, about a year after she began the use of the tinct. lyttæ, she bore a fine healthy child, and remained quite free from her complaint.

### CASE.

A LADY, aged 28, uncommonly tall, and of slender habit, had been married nine years, before which she had a slight attack of leucorrhœa; but soon afterwards she became pregnant, and it disappeared. The child was born at the full period, and lived only four months. On the loss of the infant, the mother was seized with violent hysteria, which was immediately followed by a renewal of the leucorrhœa. Ever since that time, the flow had continued, almost imperceptibly augmenting, and she had been frequently subject to very violent attacks of hysteria; but, about four weeks ago, the quantity of the discharge was, of a sudden, greatly increased, accompanied with exquisite torture in the situation of the kidneys.

Her menstruation was of regular occurrence, but, for some months preceding, very scanty. She seemed very much enfeebled and emaciated, and was so weak in the joints of the lower extremities, that she was often unable to stand. Her surgeon and midwife informed her, that a permanent cure was not to be expected. Bathing the parts twice a day, for some years, had never even mitigated the complaint.



When I was called to this patient, she concealed her real disease, but wished some external means to be used, to remove an excessively severe pain in the back. Alvine, and other discharges, she affirmed to be regular and natural. I learned, however, from a female domestic, what afflicted my patient, and by telling her of her danger, and that there might still be means found to restore her failing constitution, she informed me of the circumstances above related; but added, that she could not understand what connection there could be between that complaint and the dreadful pain in her back. After assuring her, that these pains were very common under such circumstances, I prescribed the tinct. lyttæ, which she continued to use about a month, when her complaint had entirely disappeared.

This lady had, for two or three months, slight returns of the discharge, but they entirely disappeared, by the use of a small quantity of the tinct. lyttæ, accompanied by the use of the cold bath.

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## CASES OF LEUCORRHŒA,

*Attended by or causing other Diseases.*

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### CASE.

A LADY, aged 29, of a very delicate form, had been married twelve years, and had two children; but, six years ago, a few weeks after the birth of the youngest, she was affected, for the first time, with leucorrhœa, which, being uncommonly profuse, troubled her very much. If her mind was,

in any way, agitated, which very frequently happened, her complaint was always aggravated in a great degree for several days. For the last three years, she had suffered much from weakness in her loins, and from severe pain in the situation of the uterus, and the discharge had been of a thick yellow consistence. Bearing-down pains, too, as they are called, were often indescribably irksome to her, and, from time to time, darting pains in these parts, troubled her. She had likewise been for about three years affected with an eruption on different parts of her face, which was the complaint I was first consulted about, when, two months ago, I was desired to visit her. She did not inform me of her being affected with leucorrhœa, I therefore prescribed a solution of the muriate of mercury in alcohol, to wash the affected parts with twice a day, which removed the eruption; it however soon recurred, and the same application was again had recourse to, with the same beneficial effect.

On the 1st December, 1807, I was informed of her being affected with leucorrhœa, and of the other symptoms connected with it, above described. I prescribed for her, tinct. lyttæ half an ounce, water six ounces: a table-spoonful to be taken four times a day. She continued the use of this medicine, according to the above direction, fully a fortnight, before she was sensible of an effect being produced on her urinary organs. She was likewise desired to employ cold lavation. A small augmentation of the dose of the tinct. lyttæ occasioned a good deal of pain during the night, while in bed, but this abated before morning.

On the 18th, she had continued the use of this medicine, in sufficient doses to produce some degree of pain in voiding urine, and the pain was often considerable, particularly toward evening,



which she partly ascribed to her want of caution in the use of the medicine. She thinks the discharge less in quantity than formerly, and she is much less distressed with the bearing-down and shooting pain across the loins. I have, therefore, desired the tinct. lyttæ to be continued.

On the 24th, from incautious exposure to cold, she had, for two days, suffered a good deal from pains in different parts of the body, somewhat similar to a slight rheumatic affection, and she thinks the discharge rather augmented in quantity. I ordered the tinct. lyttæ still to be continued, but desired her to omit the cold lavation for a few days.

On the 26th, acute pain in the situation of the kidneys had troubled her since yesterday; the pain also in voiding urine had been troublesome, but the discharge was undiminished in quantity. I therefore ordered the tinct. lyttæ to be continued.

On the 2d of January 1808, the eruption on her face, formerly described, had considerably abated, but the leucorrhœal discharge was undiminished. Pains in her back were very troublesome. I have ordered the tinct. lyttæ to be continued, and as the pains formerly mentioned had left her, I desired her to recommence the cold lavation.

On the 4th, she had suffered a considerable deal of uneasiness from the tinct. lyttæ during the two last days, particularly toward evening. She had likewise constantly felt a prickly sensation in her fingers, and a soreness in her face, and the pain also in the situation of the kidneys had been very troublesome. I ordered the tinct. lyttæ to be continued only in small doses.

On the 10th, the discharge had greatly diminished since last report, and, instead of that peevishness which once was so irksome to herself,

and distressing to others, she feels contented and happy, comparatively speaking, to what she had been for many years. I therefore ordered the tinct. lyttæ to be continued.

On the 17th, the discharge was small in quantity; it however constituted the only symptoms of her complaint, all her other distressing feelings having undergone a complete revolution for the better. The eruption on her face had now disappeared, and her appearance bespoke a greater degree of health than she confesses she ever expected to enjoy. I desired the tinct. lyttæ to be continued.

On the 20th, she suffered violent agitation of mind, in consequence of which she was very sick on the following morning. I, however, desired the tinct. lyttæ to be continued. On the 22d, the discharge returned with very great violence, and the same kind of pain, which she originally felt in her back, likewise returned. I desired the tinct. lyttæ to be continued.

On the 1st of February, a succession of unpleasant circumstances had agitated her mind since last report, the discharge was now worse than ever, and all her original complaints had returned in a violent degree. I ordered the tinct. lyttæ, therefore, to be continued, and cold lavation to be used.

On the 3d, her complaints were again beginning to abate, yet her state of mind was by no means favourable for their removal. I desired the tinct. lyttæ, &c. still to be continued, and three or four glasses of wine to be taken daily.

On the 8th, all her complaints had again abated, except the discharge, and the eruption on her face was almost completely gone. The tinct. lyttæ, however, was continued.

On the 16th, from unavoidable circumstances, her mind was still very much distressed, and she



invariably observed, immediately after such an occurrence, that she had a regular recurrence of the discharge. The tinct. lyttæ was continued.

On the 26th, no alteration had appeared in the discharge since last report, but the pain in her back had greatly abated. The tinct. lyttæ was still continued.

On the 1st of March, the discharge continued as above described. Three days preceding this, she had struck her ankle against a table, and bruised it considerably, and, in one part, abraded the skin. The inflammation of the wounded part became violent, and I ordered it to be poulticed. On the 4th, inflammation and pain of the leg had still continued to increase; I therefore desired her to omit the tinct. lyttæ for a few days.

On the 10th, the sore was nearly well, but since she left off taking the tinct. lyttæ, the leucorrhœa had been worse. The tinct. lyttæ, however, was still discontinued, and the sore dressed with simple ointment.

After this date, no material alteration in the daily reports of the case occurred. This patient continued the use of the tinct. lyttæ till the first of June, when the discharge had completely abated for more than two weeks. She was now, in every respect, in better health than she had been for several years, and the eruption on her face had disappeared. I desired her to continue the tinct. lyttæ in small doses for a few days, and to use cold sea-bathing. This lady has since had a stout healthy child.

### CASE.

A MARRIED LADY, aged 32, eleven years ago, bore a female child, and soon afterwards was affected with very profuse leucorrhœa. She had had no children since. She suckled the child for

ten months, during which time she never recovered her former strength. The first appearance of her menstruation, after having nursed the child, was of much smaller quantity than formerly, still it observed the regular periods. She had been informed, by some sage matrons, that the discharge of leucorrhœa was natural to her, and that every woman had it less or more: they even adduced arguments in proof of its being necessary to the preservation of her health, and that she ran the greatest risk of her life if she attempted to stop it! Thus influenced, she never attached to its existence, any consideration of importance, but attributed the pains in her back, which she began to be troubled with, particularly about three years after the commencement of the disease, to other causes. She was now affected with general lassitude, accompanied by hysteria, and was advised, by her former medical attendant, to go to sea-bathing quarters, which improved her general health very considerably, but she experienced no good effect from it, in the removal of the leucorrhœa. Finding this the only remedy, from which she derived any benefit, she had recourse to it regularly every season, but the leucorrhœa continued in greater quantity, and she at length became gradually more debilitated, notwithstanding the sea-bathing.

About five years ago, her menstruation recurred every three weeks, and in very small quantity at a time, and she was continually troubled with a distressing weakness in her loins. From time to time, too, she felt pains darting down her thighs, and, soon after this, an eruption of purplish coloured pimples, unattended by any pain, broke out on the under part of her face, which resisted the effects of a variety of substances given for their removal. She was now advised, by the surgeon who attended, to use bark and wine, which she



did in great quantities, and he, at the same time, prescribed an injection for the removal of the leucorrhœa; but although at first the use of the bark gave her a better appetite, neither this nor the injection had any effect in removing the leucorrhœa. She soon became disgusted with the bark and wine, yet she persisted in its use, being repeatedly assured that it would remove her complaint, nausea and vomiting, however, at length followed every dose of it, and she laid it entirely aside. The leucorrhœa still became more troublesome, so that she was constantly obliged to wear cloths, and she at length endeavoured to reconcile herself to her hard fate. She was some time ago, advised to put an issue in her arm, for the removal of the eruption on her face, which had assumed a very unpleasant appearance, and, eager to embrace every chance of alleviating her complaints, she placed great dependence on this application.

When I was consulted about this patient, she gave me the forgoing history of her disease, with the means which had been unsuccessfully prescribed for its removal. I conceived, from having met with similar instances, that the smallness of the quantity, and the frequent recurrence of her menstruation, as well as the eruption on her face, depended, perhaps entirely, on the leucorrhœa, or rather on the state of body which occasioned it, and that the issue in her arm could have no good effect. I therefore ordered her to heal it, and prescribed for her, on the 16th of November, tinct. lyttæ half an ounce, water six ounces: a table-spoonful to be taken four times a day. She took one spoonful at mid-day, and before the evening, when she intended to take the second dose, she was affected with great pain in passing water, evidently in consequence of her having taken a single dose of the medicine. She, however, took the second, and suffered considerable

pain during the night.—These sensations abated in the morning, and she took the doses regularly without any return of the pain till the 21st. Although she had taken  $\text{zij.}$  of the tincture each day, she had not, except almost immediately after the first dose, experienced any pain, when she felt slight uneasiness, with a more frequent inclination than usual to void urine. She thought the quantity of the discharge had abated considerably, and she expected her menstruation to appear four days before, but it did not. She however experienced no inconvenience in consequence of this, and I desired the tinct. lyttæ to be continued.

On the 23d, slight cough, with pain in the head, had troubled her for two days, and I desired her to take a small tea-cupful of an infusion of camomile flowers thrice a day. For the alleviation of the cough, I likewise desired her to inhale the steams of vinegar and warm water, morning and evening, and to continue the tinct. lyttæ.

On the 25th, the above symptoms had disappeared, and her menstruation came on this evening immediately after she had been taking an airing a few miles in a carriage. The tinct. lyttæ, &c. were continued. On the 28th, menstruation had ceased, and she found the discharge somewhat abated. The tinct. lyttæ was still continued.

On the 1st of January, she had, since last report, experienced a good deal of pain from the use of the tinct. lyttæ, but this had never been so severe as on the first day, after taking only one dose of that medicine. She frequently experienced pains in her head, with general debility, which proved very troublesome for a few hours. She had, in such states, obtained partial relief from the use of purgatives, and once or twice, when these failed, she derived great benefit from the use of a strong tincture of gentian root, these symptoms evidently having their origin in the stomach,



The eruption on her face was now much less than formerly, which gave her great hope of recovery, as always, on former occasions, it became greatly worse for nearly a fortnight after her menstrual period. She now took three drachms of the tincture each day, which produced very little uneasiness, and I desired that medicine to be continued.

On the 7th, the discharge was becoming evidently less in quantity, but she complained of great weakness, and very little exertion fatigued her. She could now take the tinct. lyttæ only in small doses, owing to its effects on the urinary organs, and her urine was very high coloured, when she was affected in that way by the tinct. lyttæ.

On the 9th, she took rather too large a dose of the tincture, which kept her very uneasy for several hours. On the 11th, a great deal of membranous substances had come off since the preceding day, resembling a quantity of chaff floating on her urine. I desired the tinct. lyttæ to be continued in smaller doses.

On the 19th, the discharge had abated gradually since last report, and she now felt greater inclination to walk abroad, than she had done since a short time after the commencement of her complaint.—The tinct. lyttæ was therefore to be continued in rather larger doses.

On the 20th, she was suddenly alarmed by an unexpected occurrence, and her complaint almost instantly became much worse. She now began to despair of getting well, and it was with some difficulty I could prevail on her to continue the medicine. She however at length consented.

On the 26th, since last report the discharge had gradually abated, and she was nearly in the same condition as before the 20th. Menstruation com-

menced this day. I desired the tinct. lyttæ to be continued.

On the 2d of February, the discharge had almost entirely disappeared. She had taken too large doses of the medicine three or four times this day, and toward evening, she felt severe pain in passing urine. I desired her to discontinue the tincture.

On the 6th, the pain had abated, and the discharge was scarcely perceptible. I however desired her to take the medicine, in very small doses, and likewise three or four glasses of wine in the course of the day. On the 8th, the discharge had entirely disappeared, and the eruption on her face was much better, but it had not entirely disappeared. The tinct. lyttæ was still continued in small doses.

On the 16th, the discharge had recurred in considerable quantity, attended by pain in the lumbar region. She could not account for this, but, by another member of the family, I was informed that her mind had been considerably agitated for two or three days before. This agitation of mind has uniformly had the effect of bringing back the discharge, in almost every case of leucorrhœa which I have met with, particularly in ladies who are easily affected in this way. The tinct. lyttæ was continued. On the 18th, the discharge was scarcely perceptible. The medicine, however, was continued.

On the 21th, menstruation commenced, and she thought that the eruption on her face was worse than it had been for several months. As the discharge had not entirely abated, I desired the tinct. lyttæ to be continued. On the 10th of March, the discharge had lately varied in quantity, but it had never been nearly so bad as it was originally. I desired the tinct. lyttæ to be continued.



In the beginning of April, the discharge had gradually abated, and was now entirely gone. Cold sea-bathing, small doses of the tincture, nourishing diet, and gentle exercise, were desired to be used for a few weeks. On the 6th of June, there had been no return of her complaints, and the eruption on her face had disappeared along with the leucorrhœa, except one single pimple, which I have no doubt will be entirely removed before the sea-bathing season has elapsed. Two years after, this lady continued free from all her complaints.

I have met with a great variety of cases which, in respect to the eruptions on the face, were somewhat similar to the two cases just related. In all of them, external applications, of various kinds, had been used, with only temporary relief. Except in one instance, however, I succeeded, under the treatment described, in effecting a permanent cure.

### CASE.

Mrs. —, aged 35, a little delicate woman, and mother of two children, being poor, was at each birth obliged to endure many inconveniences while in child-bed; and, when last in that situation, nine years ago, she was, almost immediately after delivery, actually obliged to employ herself at some kind of work for the support of her family. While making a sudden exertion, she felt something about her loins give a sort of crack, but she was not sensible of any great inconvenience from it, except that the lochial discharge, which was before moderate, now increased in an alarming degree. This terminated in an almost constant and profuse flooding, which, for several months after, continued to distress her. During its continuance, she was bled and purged most unmer-

cifully, but without deriving any benefit from them, on the contrary, she was sensible of the daily diminution of her strength. About two years afterwards the flooding became less violent, though still very troublesome; and, about three years ago, she observed, in the intervals between its appearance, that there was a constant glary discharge, in considerable quantity, and this, with the flooding, attended with excessive pain, which from time to time still continued, and had reduced her very much.

For eighteen months past, the leucorrhœa had been excessive, pains in her back had likewise been very troublesome, cough, and pains in the breast, with great general debility added to these, had indeed rendered her existence a burden to her. There was, too, a parched dryness all over her skin, of which she complained very much. I prescribed tinct. lyttæ for this patient, thirty drops to be taken in a little water thrice a day.

For two months she continued to follow the above direction, and the leucorrhœa and flooding had completely disappeared. She had no pain in her loins, the parched state of her skin, with the cough, had left her, and she was in every respect perfectly recovered. Four months afterwards she continued free from pain, and was in much better health than she had been at any time since the commencement of the above described complaints.

### CASE.

A young lady, aged 13, had, from her birth, been affected with leucorrhœa and incontinence of urine. The leucorrhœal discharge had, especially of late, been constant, in immense quantity, and consequently excessively troublesome. The incontinence of urine was most troublesome during the night while in bed, and although, previous to its



approach, she was sensible that it was about to trouble her, she was still unable to prevent it.

This lady was of a delicate form, but not so much emaciated as, from the continuance of such complaints, might have been expected. As she had been habitually costive, I prescribed, on the 24th of September, pills composed of equal parts of extract of hyosciamus and aloes, and, on the following day, I prescribed the tinct. lyttæ.

On the 2d of October she, for the first time, suffered slight pain in voiding urine. The leucorrhœal discharge seemed rather less in quantity, but the incontinence of urine was unaltered. On the 7th, the leucorrhœal discharge had stopt, and, for twenty-four hours previous, she had had no involuntary discharge of urine. On the 10th, the leucorrhœal discharge and incontinence of urine, had both returned, and were as bad as before the exhibition of the tincture. I therefore desired that medicine to be continued. On the 13th, the leucorrhœal discharge had again subsided, and the incontinence of urine had considerably abated.

From the evening of the 14th, till the morning of the 17th, she had no incontinence of urine, but then it became as profuse as ever. On the 19th, she complained of uneasiness in her stomach, and loss of appetite. I therefore desired that the tinct. lyttæ should be omitted, and rich soups and wine taken freely, and cold sea-bathing used.

On the 21st, the leucorrhœal discharge and incontinence of urine had recurred in a slight degree; she then thought herself even worse than before the administration of the tincture, which, the complaints in her stomach having abated, was now recommended as formerly. On the 24th, the leucorrhœa was entirely gone, and the incontinence of urine had greatly abated. I ordered

the tincture still to be continued, cold bathing to be used, and moderate exercise in a carriage.

On the 26th, on getting out of bed, the leucorrhœal discharge returned in considerable quantity. This she attributed to the effect of a cathartic which she took the preceding night. The discharge was always increased when she took such medicines. There occurred, however, no incontinence of urine. I desired the tinct. lyttæ still to be continued. On the 28th, very early in the morning, she suffered much from pain, from having used the medicine rather liberally during the whole of the preceding day, and there was a slight discharge, but no incontinence of urine. I however desired that the tinct. lyttæ should be continued in small doses, with wine, exercise in a carriage, and, notwithstanding the advanced state of the season, cold bathing.

On the 29th, although no discharge nor incontinence of urine had recurred, I still ordered the tinct. lyttæ to be continued. On the 31st the discharge, immediately on getting out of bed, was in alarming quantity, but there was no incontinence of urine, nor had she any discharge during the day. I desired the tinct. lyttæ still to be continued. On the 11th of November, she first, since last report, perceived a slight discharge on getting out of bed, but there was none during the day. I still desired the use of the tincture to be persevered in.

On the 13th, she suffered considerable pain from having taken the medicine rather freely. There was, however, no discharge nor incontinence of urine, and I desired that the tincture should be continued. Till the 16th, she, every morning, had a considerable quantity of leucorrhœal discharge. This sometimes began even before she got out of bed, but continued only about half an hour after she arose. Still, however, her



general health was much improved. Owing to the inclemency of the weather, I now desired her to omit the bathing, but ordered the tincture, &c. to be continued.

The leucorrhœal discharge had continued about half an hour every morning till the 26th, when there was none.

On the 6th of December, there had been no discharge since last report. I however desired that the tinct. lyttæ, &c. should be continued. Till the 20th the discharge had occasionally been troublesome, but now it was scarcely perceptible. I still, however, desired the tinct. lyttæ to be continued.

On the 28th, the discharge had again become greater in quantity, but, independently of this, her general health was very good, and, within these few months, she had become much taller and stouter than usual. I ordered the tincture to be continued. On the 13th of January following, the discharge had continued to vary in quantity, but even at its worst it was trifling, compared to what it had been before the use of the tincture. Anxious to recover rapidly, she had lately taken larger doses than usual of the medicine, from which she suffered considerable pain; this soon abated, and I desired the tincture to be continued in moderation.

On the 8th of February she had, for some days past, been very easily affected by the medicine, so that very small doses of it occasioned considerable pain in voiding urine. On the 1st of March her complaints had greatly abated, as scarcely any discharge was perceptible. She had recommenced the cold sea-bathing four times a week, along with the use of the tinct. lyttæ in small doses. In August following, she had entirely recovered from both these unpleasant complaints, and had become remarkably stout. She had taken no medicine for

about two months, and I did not desire her to recommence it.

### CASE.

Mrs. —, aged 30, of a delicate habit of body, was married several months before menstruation occurred, and, about two months after it commenced, she became pregnant. During the fourth month of gestation, she had an abortion, followed by considerable flooding, which, though severe while it lasted, abated in a few months without the use of medicines. Five years afterwards, she again became pregnant, and bore a healthy stout child at the full time. She observed, for several months, that, two or three days before and after menstruation, she had a thin glary discharge, but, in the interval, this did not trouble her in the slightest degree.

About the beginning of the year 1807, she again became pregnant. In the fourth month, during the frost, she fell down stairs, which was immediately followed by violent flooding, and in a few days after, by an abortion. The midwife who attended her, used much violence in bringing off the placenta, to which my patient attributed the excessive flooding which, for nearly three months afterwards, distressed her. Abstinence from every stimulating substance was, by her medical attendant, strictly enjoined, because they would irritate the parts, and increase her complaints, but affusion of cold water was plentifully applied. From this treatment she derived no benefit, and at length desisted from the application. The flooding spontaneously left her a month ago, and for a few days about that time, she had a very profuse leucorrhœal discharge. Her complaint was now supposed to be consumption of the lungs, and treated as such till the 26th of December, when I saw her for the first time.



For nearly four months past, she had almost completely lost the power of her right arm, pains in every part of her body, but particularly in her back, had been most excruciating, and, for several years, she had been affected with hysteria to an indescribable extent. Her body was very costive. As she did not appear to me to be consumptive, I conceived, from the symptoms of her complaint, that this state of extreme debility was intimately connected with the diseased action of the generative organs, and immediately altered the mode of treatment. I ordered her half a pint of wine daily, and desired her to use such diet as the weak state of her stomach would admit. I likewise prescribed the tinct. lyttæ, and an aloetic pill to be taken occasionally. By the end of March following, this patient had completely recovered from all the above distressing complaints.

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## CHAP. II.

### *Chlorosis.*

Dr. Cullen's mode of considering chlorosis, or suppression of the menses, seems very judicious, for he says, "this (debility) is to be cured by restoring the tone of the system in general, and by exciting the action of the uterine vessels in particular." Had he stopt here, he might have induced us to believe that he knew something of the cure of this distressing complaint, but, in his practice, there is a great falling off; for the remedies he recommends are totally incapable of permanently removing general debility, and often calculated, in a great measure, to increase that very debility which he wishes to remove, such as purging, mercury, &c.

He forbids tonics and cold bathing, as they appear to him of ambiguous effect.

## CHAP. III.

*Dysmenorrhœa.*

The common practice of employing the warm bath, opiates and hyociamus, together or separately, in dysmenorrhœa, may give temporary relief, but, except in the very slightest cases, or when the disease is principally of a local nature, we cannot depend on them for an entire removal of the disease. From my disappointments in effecting a complete cure by these substances, I have long been convinced of their inutility: for, although temporary relief is obtained by their use, the same diseased state of the parts still continuing, the return of the next menstrual period brings with it all the former symptoms, perhaps in an aggravated degree, and the harassed and enfeebled patient, by the supervention of dropsy, consumption, or some other equally fatal disease, at length sinks under her accumulated sufferings. Practising with the remedies recommended by Dr. Cullen, or indeed with any remedies, if they be suited to his general mode of reasoning in this complaint, will, I venture to assert, be unsuccessful, in every well marked case. When the disease has in a great degree deranged the general health, Dr. Cullen seems to think it incurable. The only remedies he then recommends, are external or internal astringents, cold bathing, and chalybeates, which, and similar applications, I have repeatedly prescribed, and that to the greatest extent, in such cases, without deriving any thing more than temporary relief. Permanent advantage cannot be expected from them.



## CHAP. IV.

*Menorrhagia.*

In the earlier stages of this complaint, and while even avoiding the causes (formerly enumerated) which induced it, would probably restore the health of the patient, it is to be regretted that the sex, in general, are so negligent of these matters, and can so easily prevail on themselves to be contented with momentary relief, without giving the slightest attention to the permanent removal of the symptoms. This is a matter of great importance, and I wish it were more attended to.

Although, during these early stages, if it occur, which it often does, in stout plethoric persons, when the pulse is unabated in strength, and when no apparent debility has been induced; in short, when all the other functions of the body seem unimpaired, and even when blood letting is indicated by the apparent fullness and inflammatory action of the system, the greatest caution, even at this period, ought to be observed, in adopting blood-letting for its removal. Even the exhibition of medicines, which may ultimately induce debility, ought to be resorted to with nearly equal caution: for although these means may, in almost every case, remove the morbid discharge, I have often observed, that, after such treatment, it was long before the patient recovered her usual strength, and she remained often, for years, subject to returns of menorrhagia, from the very slightest causes. When such practice has been adopted, in weakly and debilitated habits (for it is too often indiscriminately applied), the system is not only left dreadfully debilitated, liable to almost continual flooding, but the most obstinate and troublesome cases of leucorrhœa which I have ever met with, have been brought on after the

application of such means ; thus we may chance to give some relief to one disease, and, to a certainty, produce a worse. The remedies, then, which Cullen recommends, are either hurtful, inactive, or of a trifling nature, and, upon the whole, by no means suited to the removal of such complaints. He forbids the use of all medicines which may irritate the parts. I think, however, that what I have to state will completely prove that such remedies only, as Cullen conceives would irritate the uterus, are calculated permanently to remove such diseases ; and that the chalybeates, &c. if deemed necessary, along with such medicines, may be useful, but never can, except in the very slightest cases, effect a perfect cure.

It is always of the very greatest importance, for strict attention to be given to the preservation of the horizontal posture ; all exercise and exertion must consequently be laid aside, also warm apartments, large parties, soft beds, many bed clothes, fire in the bed room, venereal indulgences, and every thing which can possibly relax the system.

The most important part of our treatment, is that which we adopt in the interval between the periods of flooding. It is at such times that we must improve the general strength of the constitution, and of course the uterine system. This is only to be effected by tonics, which act on the whole system, and by avoiding heating and intoxicating liquors.

The treatment during the flow is quite of a different nature, and is principally calculated to procure partial relief.

From the slow effects of general tonics, on which we cannot depend for *quick* relief, and when the discharge is so alarmingly great as to endanger life, the application of cold, to various parts of the body, and vitriolic or nitrous acid



diluted, in the proportion of one drachm to the pound of water, and used internally, is of great use in procuring a temporary cessation of the discharge, while we are steadily administering those which will permanently remove the diseased action.

When there also exists much pain, either in this or in the foregoing complaints of the female, we may procure temporary relief by warm bathing, or by warmth applied to the abdomen—by draughts of æther, or sp. ammon. fetid. Tinct. opii, or tinct. hyociam. may also be given for the same purpose. Opium, however, ought never to be employed without regular evacuation of the bowels being procured, by castor oil, or by any other of the mild purgatives.

If, during either of the foregoing complaints, which does not often happen, the pulse indicates inflammatory action, and the patient happens to be of a full plethoric habit, should the tinct. lyttæ be prescribed, I grant that it would require no difficult calculation to foretel what would be the result. Benefit must, under these circumstances, be evidently sought from different treatment.

The cases which I have lately seen, of what female patients call lumbago, are too numerous to be particularized, many of them entirely depending on diseased action of the generative organs, and can only be relieved by the removal of such disease. Although I have long been aware that pains, in many respects, similar in their nature to lumbago, are very common in far advanced and very bad cases of leucorrhœa, for instance; yet till lately, I never have met with cases of leucorrhœa, where the discharge had always been of small quantity, indeed, in some cases, scarcely perceptible, and in these the most acute pains in the loins accompanied it.

Lumbago, then, so common in these diseases, has been improperly treated as a local affection,

as chronic rheumatism, gout, &c. The unfortunate patient has been obliged to undergo, in vain, every variety of treatment recommended by authors for the removal of such complaints, when, as might have been expected, want of success attended their labour. Even the horrible supposition of lumbar abscess being the cause of the pain, has been entertained, and bleeding and blistering, with the use of setons, have been obstinately persisted in for its removal. What might not seem very extraordinary, however, the patient remained uncured, but when such means were applied as were suitable for the removal of the real complaint, the rheumatism, or lumbar abscess, or whatever term they chose to give it, entirely disappeared.

In all these complaints, the only medicines which can be employed with decided advantage, are those of a stimulating nature. Food and drink, as well as medicines, ought all to be considered in this way. In such affections, the uterine vessels are greatly diseased, but it appears to me, that the general habit of body has been, and is equally deranged. The medicines, therefore, to be employed, are such as will sufficiently affect the whole system, and the generative organs as a part of the whole.

I shall endeavour to illustrate the preceding diseases, by the relation of a few cases.

### CASE.

An unmarried lady, aged 21, of a delicate habit of body, menstruated at the usual period, without any symptom but such as are common on these occasions, and her health, in every respect, continued unimpaired fully two years. She was, at that time, attending a boarding school, and had exposed herself to cold and fatigue, in consequence of which her health suffered considerably.



A few months after, her menstruation was greatly diminished in quantity, and, although it always preserved the regular period, was attended with most excruciating pain, particularly on the first day after its commencement. Warm applications, and sometimes friction, with an occasional laxative pill, were the only remedies she ever employed. From these, she derived only momentary relief, for, at each return of menstruation, the same applications were uniformly and necessarily had recourse to with similar partial benefit. In addition to her other complaints, she had, for more than a year past, been afflicted with most distressing sickness and retching, a day or two previous to the flow of her menses. This, however, in general disappeared on their approach. About this time, too, her other complaints likewise subsided considerably; but several days elapsed before she recovered from the great degree of debility probably induced by them. She never had any leucorrhœa.

When I was desired to visit this lady, I found her very much emaciated, of a very costive habit, with fluttering and irregular pulse. Having been informed, by her mother, respecting her complaints, I judged it improper to question her about them, as her feelings were very delicate. I explained to her mother what I conceived to be the nature of her complaints, and proposed to try the effects of the tinct. lyttæ in removing them. In order to obviate costiveness, I prescribed a pill composed of hyocianus and aloes, and next day the above medicine. I ordered her to be bathed in tepid water every night, and a flannel, or thick cotton shift to be worn in preference to any other. This practice was continued, though sometimes rather irregularly, till next return of menstruation, but there was no abatement in the violence of the

symptoms. I now, with some difficulty, prevailed on this lady to continue the above prescription for another month. I desired her to take a good deal of exercise, on foot, and in a carriage. During the use of the tincture, she never was sensible of any pain from it, and, at her next menstrual period, she did not, as formerly, experience sickness or retching. The other symptoms, however, remained as before, and the tincture was continued.

Three successive menstrual periods returned, and she suffered no uneasiness whatever. The only medicine which she then used, was the pills of hyocianus and aloes. A year after, she remained in good health, was much improved in appearance, and her menstrual periods were regular, and gave no pain.

### CASE.

An unmarried lady, aged 19, apparently remarkably stout, menstruated a few months before her fourteenth year. For about a year afterward, this evacuation continued perfectly regular, when, at some of the periods, it began to intermit, and occasionally to give considerable pain. This irregularity was attributed, probably with justice, to her habit of dressing very thinly, and of refusing to encumber her shape with dress, even in the night air, or in cold and intemperate weather. Her menstruation at length entirely disappeared, and, when I first visited her, she had seen nothing of it for about two years. Still, however, she continued stout, having no complaint but edematous swellings in her ankles, every night before going to bed, which disappeared before morning, and occasionally sickness and retching, which distressed her very much.

In this state she applied to me, and her mother gave me the above account of the nature and progress of her complaints. As it is by no means an



uncommon occurrence in our profession, for a slight effect to become itself a powerful cause, I, having seen many cases nearly resembling this, concluded that the exposure to cold had, which is by no means uncommon, affected the uterine system, and caused all the distresses which followed. For this patient I prescribed the tinct. lyttæ, of which she began by taking about half an ounce daily in water. In a fortnight, she was seized with pain in voiding urine. She continued to vary the dose, according to its effects on the urinary organs, for three weeks longer, when a profuse fetid discharge took place, and continued several days. I still, however, desired her to continue the medicine, and in about ten days the discharge entirely disappeared. She continued the medicine another month, when her abdomen swelled considerably, and she observed also that the swelling in her feet was considerably increased, indeed, so much that she could scarcely wear shoes. The swelling of her abdomen became at last so great, that she seemed like a woman at least seven months pregnant. I still, however, persisted in the use of the medicine, and advised her to use friction with the hand, for the relief of the swelling of her feet. About a fortnight after this, the discharge returned, and the swelling in her abdomen, in about one day, entirely subsided. The discharge continued several days more, and again disappeared; but, all this time, she experienced no feeling, nor had any appearance of a return of the catamenia. I still desired the medicine to be continued, as well as the friction, which seemed to produce very good effect in alleviating the swellings in her feet. She now felt pains, though not very severe, all over her body, as if she had been exposed to cold, especially about the region of the left kidney, over the left ovarium, and in her left breast, which at one time

became blue as if bruised. Neither of these, however, were aggravated by pressure, and I desired her to continue the medicine, &c. as formerly directed.

No remarkable alteration took place for about four months, except the frequent occurrence of pain in the left ovarium and left breast, which, as formerly, became blue, when, after continuing the medicine with the utmost patience, she had a slight appearance of the menses, attended with considerable pain. She still persisted in the use of the medicine, and, in three months more, I judged it necessary to withdraw it, as, for two months previous, the catamenia had been, in every respect, regular and natural. Several months have since elapsed, and she still continues in perfect health.

### CASE.

A married lady, aged 24, had her courses at the usual period, and was, in every respect, stout, and in good health till about her twentieth year. During menstruation, she was exposed to cold, and wet feet, which was the cause of menstruation stopping before the usual period. Although, for six months afterward, she had no discharge of this nature, her general health was not in the least degree impaired. She was then affected with flooding, which, notwithstanding all the means she could use to stop it, continued incessantly for three weeks, and instead of having the regular return of her courses, she was now ill once in three weeks, and, instead of their continuance being only three days, they now continued five, six, or seven days at each period.

In May 1808, she was again, without any visible cause, affected with flooding, and, when it stopped, she was affected with frequent head-ach



and sickness, accompanied by a frequent sensation as if she would menstruate, but this did not occur. She now began to increase in size, and her accoucheur assured her that she was pregnant, and what convinced her of the truth of this, was the sensation of a motion she distinctly felt, resembling that of the foetus. Still, about the end of every month, she felt as if she was about to menstruate, and she had even a slight discharge, but still she increased in size. About this time, she became weak, faint, and greatly debilitated, and, about the end of January, the bulky appearance, which she had been previously taught to believe owed its existence to pregnancy, suddenly disappeared, in the course of a few hours, without any discharge. She was now greatly enfeebled, and, about the beginning of March, when I visited her for the first time, she informed me, that for several weeks before, she had been in the habit of using a great variety of different medicines, but derived no benefit from them.

I conceived myself warranted, from the general circumstances of this lady's case, to prescribe the tinct. lyttæ, to be taken, at first, in doses of about two drachms daily; she progressively increased the doses for about five weeks, when she could take nearly an ounce per diem. At this period, too, she had a return of menstruation, which seemed quite natural, and lasted three days. A few days previous to this, a curious circumstance occurred, which I cannot avoid mentioning in this place.

In the early part of this lady's life, when menstruation was quite regular, she had always a sensation of fulness in her breasts a few days previous to the occurrence of the menstrual discharge, which went off when that discharge appeared. From her twentieth year till now, she never had had such feeling, but, a few days previous to the

present return, the same fullness in her breasts occurred, accompanied by all the sensations, which she usually felt, when she was in good health, and when that discharge was natural. I still desired her to take the tinct. lyttæ in sufficient doses to occasion slight pain; but now she felt that a much smaller dose was sufficient for that purpose than formerly. She, therefore, continued to decrease the doses, and, about the expiration of another month, two drachms per diem were a sufficiently full dose. I had desired her, for several weeks preceding, to use cold sea-bathing, which agreed with her very well, and about the time she expected a return of menstruation, she went to bathe. On going into the water, but not previous to it, she felt a sensation as if menstruation was just about to return; she, however, continued in the sea for some time after. On her return home, no similar sensation affected her, and she continued to use the tinct. lyttæ. The fullness of her breasts, however, frequently troubled her, and, from time to time, she felt as if menstruation would return, but it did not. She had now become remarkably stout, as much indeed, if not more so, than ever she was in her life.

After continuing the regular administration of the tinct. lyttæ for another month, anxiously expecting a return of menstruation, and that her health would then be permanently restored, her disappointment was inconceivable, when the expected period elapsed without the smallest appearance of the discharge.—Indeed, at this time, she did not experience even the slightest sensation, either in her breasts or elsewhere, which might give her hopes of what she so anxiously expected. Still, however, she resolved to continue the use of the tinct. lyttæ, a drachm each day of which was now sufficient to produce as much pain, in passing water, as an ounce did formerly. The first fort-



night elapsed, but she had no alteration in her feelings, which might give her any encouragement to proceed, and she had now almost resolved to abandon the medicine. About this time, she again began to feel some degree of fullness in her breasts, which gradually increased, and, in four or five days more, her breasts, still increasing in fullness, became painful, even to such a degree, that she could scarcely allow the weight of clothes to press upon them. After remaining in this state, for about ten days more, her feelings exactly corresponding with what they were on similar occasions when she was in perfect health, her menstruation commenced. The discharge was quite natural in every respect, and also, as usual, continued about three days.

The sensation in her breasts disappeared with the cessation of the menses, and I desired her to continue the use of the tinct. lyttæ; but the fullness in her breasts returned in about a week, and, in a few days more, became so very troublesome, that I judged it proper to withdraw the medicine. This had the desired effect, for the disagreeable sensation in her breasts subsided considerably, but still continued, in some degree, till the expiration of twenty-nine days from her former menstruation, when she again had a return of the menses. This continued three days, and she is now, in every respect, in perfect health.

### CASE.

A LADY, aged 25, had her menstruation at the usual period, which, after continuing regular for several years, went entirely off. Still her health continued unimpaired, and she consequently suffered no inconvenience from the above circumstance. I was advised to visit her in consequence of what she termed head-achs, which had occa-

sionally troubled her for fourteen months, and she remarked, that, for the above period, she had suffered considerable debility, but no pain, except the head-achs. For the two last months, however, she confessed, that, from the frequent excruciating pains which affected her, with her rapidly increasing state of debility, she was in the greatest possible distress. Her bowels were constipated, her feet and ankles edematous, pain in her loins and head was almost continual, and, for the last few weeks, frequent and small evacuation of her menses, attended by excruciating torture, had almost reduced her to a state of delirium; yet head-ach (according to her first statement) was her only complaint. This is one instance of the difficulty of extorting from some ladies the exact state of their complaints.

From the general debility in this case, I did not hesitate instantly to begin the free use of the tinct. lyttæ. This medicine she continued several months, gradually increasing or diminishing the doses as was found necessary, when menstruation became less frequent, and almost entirely unattended by pain. Her general health too recovered considerably, and I ordered her to go a few miles into the country, from which she has now returned, completely recovered.

### CASE.

THIS case was, in the history of it, similar to the last. The lady seemed stout, healthy, and animated. Her pulse, however, was small, and only beat about sixty per minute. On this account, as the severity of the symptoms had not yet arrived at such a pitch as the last, I deemed myself fully warranted to use the most active means for the removal of these symptoms before they arrived at such a pitch of disease. I consequently desired



her to commence the use of the tinct. lyttæ, which nothing but the fear of what might occur, induced her to comply with, as she then felt no inconvenience from her complaint. She commenced, and in fourteen days, she had slight pain in passing water, from the operation of the medicine, and the following day there was a slight discharge, seemingly of the menstrual fluid, but it went off in about an hour. Under proper directions, she continued to take the medicine for three months, when menstruation became perfectly regular and natural, and she had discontinued the medicine.

### CASE.

Miss —, aged 22, stout, but very pale, and of sickly appearance, was, when an infant, affected with great pain in the under part of her abdomen. This, from her indistinct account of it, was mistaken for a *bowel complaint*, and treated as such, but she scarcely derived even momentary relief from any of the applications which were made. A few years after, she was better able to describe the nature of her feelings, and it was not till then observed that she was affected with leucorrhœa in a slight degree, with frequent darting pains all over the generative organs; which last sensation was equally sudden in its attack, and departure. Her urine was of the colour and apparent consistence of thick porter, and she uniformly experienced partial relief after discharging a quantity of it. Sometimes, for a day or two, she remained free from pain, at other times several weeks without suffering much.

Her menstruation commenced when she was eleven years of age, but this was only partial, for a year elapsed before it continued regularly. Since that time, her complaints have been more severe, and she has had more frequent returns of them

than before the menstrual period commenced. Her menstruation has been very regular, but in astonishingly small quantity, and attended with very great pain about her back, and the lower part of her belly. While passing urine, it frequently stopped suddenly, and then she felt considerable pain, with a sort of convulsive shuddering all over her body. When this left her, she felt, for several hours, a general lassitude, and sometimes considerable sickness, and within these few months, she has seldom been free from the most acute pain. She had used a great variety of medicines, but, from them, she derived no benefit. The cold and warm bath have been repeatedly employed, equally without success.

The long continuance of this complaint, with the variety of symptoms connected with it, rendered it a case of considerable difficulty. I, however, had previously seen such a variety of diseases of these parts, the causes of which could not be very satisfactorily accounted for, but which evidently existed in consequence of a diseased, for the most part diminished, action of the vessels connected with them, that I did not hesitate about its nature; and, her pulse being extremely feeble, I thought it proper to proceed on the supposition of this being the principal cause of her complaints.

On the 8th of November 1807, I prescribed, tinct. lyttæ half an ounce, water fourteen ounces; a table spoonful to be taken four times a day. About a week after, she felt slight pain in voiding urine, and I requested her to regulate the doses so as to produce this effect, in a slight degree, but always to avoid taking it when the pain became severe.

On the 1st of December, she had a return of her original complaint, for the first time since she began the tinct. lyttæ, and although she thought it was equally severe, yet it did not affect her in



the former way. The pain formerly seized her suddenly, and to a great extent, and its departure was equally sudden. Now, the grating and darting pain approached gradually, and went off by degrees. No other change had taken place in her complaints. I therefore ordered the tincture to be continued.

On the 6th, she had a slight return of her complaint, and she suffered some pain from the tinct. lyttæ, in passing water. Eager to relieve herself from the disease, she very inconsiderately took larger doses of the tincture, and, in the evening, she was seized with excruciating pain in voiding urine, accompanied by the most violent hysteria. As she resided a few miles in the country, it was several hours before I saw her, when I immediately ordered the application of cloths, dipt in warm water, to be made to the abdomen, and, at the same time, prescribed a smart cathartic. Before the following morning she was relieved from the pain, but suffered a great deal from general debility.

On the 9th, she recommenced the tinct. lyttæ in small doses, and informed me, that the leucorrhœa had completely disappeared. On the 11th, she had a return of her old complaint, but thought the pain considerably different in its nature from what it had been. On the 16th, she had several times, since last return, suffered considerably, in consequence of having used the tinct. lyttæ rather freely, but, without any application for the purpose, it gradually left her in a few hours. She uniformly observed, that, when the pain or difficulty in voiding urine was severe, she had a slight return of leucorrhœa, which left her when the pain went off. Her original complaint, compared to what it was, in severity, was now very trifling. The tincture was still continued.

On the 20th, she had suffered considerably from pain in her head, and a sort of feeling as if her

face were swelled, particularly after taking the tincture. I prescribed an infusion of camomile flowers, at the same time desiring her to continue the tincture. On the 23d, she had experienced great relief from the camomile, and she was scarcely conscious of the existence of her original complaint. I therefore ordered the tincture and camomile to be continued.

On the 1st of January 1808, this complaint had completely disappeared, and menstruation, which took place a day or two before, only troubled her about an hour; the quantity was also very trifling, even less than she ever observed it on former occasions. I ordered the tincture to be continued.

On the 25th, she had continued to take the tincture, since last report, except twice, when she omitted it for two or three days, and then she had a slight return of her original complaint, and when she took it so as to produce a good deal of pain, she always had a limpid discharge. Her menstruation now again commenced without any pain, and I ordered the tincture still to be continued. On the 27th, menstruation had stopt. At this time, it had been in greater quantity, and continued much longer than usual. During the last day of it, however, she suffered a good deal of pain from the medicine. I therefore ordered the tinct. lyttæ to be taken in small doses.

On the 10th of February, she had no complaint, except during sudden changes of the weather, when she had a slight degree of her original disease. I therefore desired the tincture to be continued. On the 12th of March, her complaints had entirely disappeared, and, in general health, she was much better than ever she recollected having been. She had taken no medicine for several weeks, and I did not desire her to



commence it; her appearance was now much improved.

It is now confidently and widely asserted, that this patient had cancer in the uterus, and that I cured it; it is said to be the only instance of the kind ever cured. Unfortunately, however, for such reporters, the lady had no cancer in the womb.

Two years after, this patient continued perfectly well.

### CASE.

Miss —, aged 28, was, in early life, uncommonly stout, healthy, and possessed of an extraordinary share of animation. From sudden exposure to cold, about six years ago, after having heated herself by dancing, she was seized with rigours. Medical assistance was sent for, and she apparently recovered; but, when next menstrual period arrived, instead of the flow commencing, as usual, without any troublesome symptom, she was, two days previous to its expected appearance, seized with very excruciating pains in her back, darting down her thighs, and there was a semi-transparent fluid discharged, *per vaginam*, in considerable quantity. Two days afterwards, the acute pain still continuing, menstruation commenced, and, in a few hours, the pain in her back, &c. abated. Menstruation ceased, as usual, in four days, and she, in every respect, recovered her health; but pains of increasing severity continued to harass her for ten successive months, at each successive period, and then, for the first time, she was affected with a regular leucorrhœal discharge. She resided in London, and although most extraordinary quantities of different medicines were daily given her, she derived no benefit from them. About this time her general health began

to suffer considerably, and, from the repeated failure of those assurances of complete recovery, which she was daily taught to expect, she at length formed a resolution to take no more medicines. She became discontented, of an irritable temper, and was seldom entirely free from violent hysteric affections.

She then came to Edinburgh, where some of her relations resided, and was again prevailed on to recommence the use of medicines. Among other prescriptions, she was purged without mercy, but there was no abatement of her complaints, and, at each return of menstruation, the period of which still continued regular, bearing-down pains, as they are called, were so distressing, that they almost threw her into a fit of delirium. At such times, she made use of prodigious quantities of laudanum, from which she experienced only momentary relief. She was now obliged to confine herself to bed, a week before and nearly a fortnight after each menstrual evacuation, during which times her sufferings were indescribable.

When I was desired to visit her, I found her in the greatest possible distress, and was informed by her mother of the above circumstances. She was pale, but not in the least emaciated. It was a sort of paleness more frightful than I ever recollect to have seen in any person. Her feet and ankles were almost constantly edematous, several of the nails of her toes had separated from her feet, and her hair had almost all fallen off. Her pulse was feeble and irregular. I proposed to try the tinct. lyttæ, conceiving it, in this case, the only medicine which could be of service to her, but I had considerable difficulty in persuading either the lady or her relations to try any more medicines, as, from the disappointments they had already experienced, they expected no benefit from them. She, however, at last consented, and I



prescribed a mixture, each dose of which contained  $\mathfrak{z}\mathfrak{ss}$  of the tincture, which I desired her to take thrice a day. She gradually increased the dose till she could use about  $\mathfrak{z}\mathfrak{ss}$  of tincture daily, without suffering the slightest uneasiness in voiding urine, and this quantity she continued to take for the space of five weeks. In the interim, her menstrual period arrived, but there was no alleviation of her former symptoms, she, on the contrary, thought that they were, if possible, aggravated. In a few days after, the effect of the medicine on her urinary organs was felt, but I did not see her till the following day. From the time that this effect was produced, till I saw her, she had not diminished the doses of the medicine, although I had desired her to do so when the above symptom became troublesome, and, in consequence of this omission, she was now suffering considerable pain. I requested her immediately to desist, prescribed a smart cathartic, and recommended the application of cloths, dipped in warm water, to the abdomen. Next day, this disagreeable sensation had abated, and it was completely removed on the following morning.

The leucorrhœal discharge had increased in quantity, which alarmed her very much, and, owing to this circumstance, I had again some difficulty to prevail on her to recommence the medicine. Next return of menstrual discharge was attended with pains equally severe as formerly, but the following curious occurrence took place at this time, which I never witnessed in any former patient. Instead of the leucorrhœal discharge being increased in quantity, it entirely disappeared one day before, and returned two days after the menses had stopped, with increased violence. The doses of medicine were now taken in very small quantity, as the urinary organs were easily affected by it, and her pulse had become full and

regular. Next menstrual period was preceded by no pain, but it was considerable during the flow, and the quantity of menstrual fluid was truly alarming. This, however, went off in five days, when the leucorrhœal discharge seemed greatly diminished. The severity of her complaint having now relaxed, I desired her to go into the cold bath thrice a week. She soon went into the country, and, from her habit in using the medicine, I requested her to use it while she was there. I heard from her about five weeks afterwards, when she informed me that her complaints had almost all disappeared, and that menstruation was no longer attended by pain. She however complained of great general weakness, and said that her appetite was very bad. I desired her to leave off the use of the tincture, and substitute bark and wine in liberal quantities, and, when her appetite was somewhat restored, to add to these, rich and nourishing diet.

This lady had not, at the end of six months, improved much in strength, nor had her colour, in the smallest degree, altered for a more healthy appearance; yet the leucorrhœa was gone, menstruation had become regular, and without pain, and, although the hysteric affections were very troublesome, she could now completely subdue them by the use of pills, composed of assa-fœtida and opium.

This patient at length completely recovered, her appearance was greatly improved, she could walk a few miles without being at all fatigued, and the hysteric affections only troubled her when her mind was violently agitated.

Two years after, she was in good health, not being troubled with a vestige of her former complaints.



## CASE.

A WIDOW LADY, aged 45, was, till about two years ago, stout and healthy, when her menses became irregular, at times not appearing oftener than once in three months, at others, once a fortnight. She appeared as if several months gone in pregnancy. Her general health became gradually impaired, her appetite failed, her bowels were, for the most part, torpid, and a teasing cough, with difficult expectoration, distressed her every morning. She gradually lost her former healthy appearance, and became discontented and unhappy.

For the removal of these affections, she principally depended on change of situation, but this yielded only temporary relief, and that during the interval of her menstrual periods alone. When she consulted me, she was much debilitated and willing to listen to any rational proposal for the restoration of her health. I prescribed the tinct. lyttæ, ʒß of which I desired her to take, in a glass of water, thrice a day. Nothing occurred during the use of the medicine, but what I have formerly detailed in other affections. I may, however, remark, that this patient continued it sometimes in larger, sometimes in smaller doses, for nearly three months, before she experienced any material advantage from its use, when the menstrual periods recurred more regularly, about once only in two months. She still continued to use the medicine, gradually, though very slowly, diminishing the doses, and, all the complaints of her general system having disappeared, she left it off entirely. In September 1809, she had no return of her catamenia these ten weeks, and she is in perfectly good health.

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Several of the cases I have detailed, cannot, according to nosologists, be put under any particular head. Their symptoms blend so intimately with

each other, that, to divide them, in order to make them suit a particular hypothesis, would be depriving the reader of the truth, for what might only be imagined to be the truth. I have, therefore, followed simple nature, which is seldom incorrect, and have detailed the cases as they really occurred, and such only as seem interesting or instructive.

As I have collected the most important cases which I have, on various occasions, published on the different diseases of which I have treated, which clearly illustrate the points I was most anxious to prove, I shall not, in future, unless they be of a very rare nature, publish any others, as many persons do not wish to have their cases taken notice of in books. Patients, influenced by these motives, have particularly requested of me, after the cure of their complaints, not to publish an account of them. The attention which I always pay to these requests, has prevented me from mentioning many curious circumstances connected with some of them, which could have been, with considerable advantage, delivered in the form of a case. Where this has occurred, I have inserted the general remarks, either on the nature or cure of such cases, according as the general circumstances respecting them required that they should be inserted at either of these parts.

I now judge it proper, in all chronic affections of the generative system, to continue the use of the medicines by which we had effected a removal of these diseases, for a considerable length of time, even after all the functions have resumed their healthy actions. When this is omitted, the complaint is extremely apt to recur in a slight degree, rendering it necessary to resume the medicine, but, when it is continued from three to six or eight weeks after, or, in very severe affections, for several months, a return of the symptoms is rarely experienced. Even were the *lyttæ* to



produce relief, in these complaints, only during its exhibition, it would still be a very valuable medicine. From experience, we find that it can be used any length of time, without, in the slightest degree, injuring the digestive organs, or the health in general. On the contrary, every function is improved under the use of that medicine, and, unlike any of the other stimuli, with which we are acquainted, the longer we use it, the less we can take to effect the object in view. Therefore, were its constant use necessary, which fortunately is not the case, even the disadvantages attending this would be infinitely less than that the patient should be obliged to endure the complaint throughout the remainder of life.

## PART V.

## PATHOLOGY AND TREATMENT

OF

DISEASES COMMON TO BOTH SEXES.

## CHAP. I.

## GONORRHOEA.

*Introductory Remarks.*

DECIDED parties of theorists have always existed, each endeavouring to defend his peculiar notions respecting the nature of venereal poison. Some insist upon the nature and properties of the matter, of gonorrhœa and lues venerea, being entirely different—some that they are of the same nature, but equally capable of producing either of these diseases, according to the anatomical structure of the parts, to which the matter of infection is applied—others, that either of them can produce the same or the opposite affection in a sound person, and not on the person who secretes them, according to the nature, susceptibility, or structure of the surface to which the matter is applied—while some maintain that these effects are greatly modified by the constitutional peculiarity of the



person to whom the infecting matter is applied, or according to the virulence of the matter itself, —a gonorrhœa being in general produced by a milder cause, and in a shorter period, than lues. This last argument is attempted to be supported, when these complaints appear in the same person, by gonorrhœa appearing first, chancre next, and so on.

I have sometimes been inclined to the one, and sometimes to the other side of the question. Practically considered, however, we all know that these affections are removeable by plans particularly adapted for each. Gonorrhœa yields to injections and other applications, which, if applied to chancre, produce no beneficial effect, and lues is cured by the various modes of introducing mercury into the system; but in perhaps no case of gonorrhœa will this substance, similarly applied, remove it. There may be some exceptions to these rules, but in general they hold just, and when such exceptions do occur, much must depend on the discernment of the medical attendant, in rationally considering them.

The arguments in favour of these opinions, seem often judicious and extremely plausible, but neither of their supporters have yet been able to do more than merely contradict the assertions advanced by the one he wishes to condemn, in order that his notions may gain ground. The contest, therefore, seems in some points well supported, rather by the ingenuity, than by the facts, which either of these theorists have advanced.

I therefore decline espousing indiscriminately the doctrines either of the one or of the other, conceiving it more to the point, to dwell on and impress the mind of my readers with facts, which can be more clearly demonstrated, and more immediately applied to use. Employing time, which is too commonly done both in books and in lectures,

in discussions which are not only useless, but often calculated to bewilder the mind, and lead to erroneous practice, is always improper, and often injurious.

*Definition, &c.*

Gonorrhœa is a local, inflammatory disease, affecting the organs of generation, accompanied with a virulent discharge from their various surfaces, and, not unfrequently, extending its influence to the pelvis, scrotum, anus, sometimes to the bladder and kidneys, and even to the whole system. This discharge, while the inflammation is yet active, assumes the form of pus, though it is to be remarked, that matter discharged from wounded surfaces, in the highest degree of inflammation, is often thin and watery, holding some acrid saline bodies in solution, similar to the discharge produced in consequence of vesication. Frequently the inflammatory symptoms abate, and gradually disappear. When the complaint is not cured spontaneously, or by art, the discharge continues, is changed into a thin watery fluid, at first whitish and opaque, afterwards transparent, mucous and glary, and the patient suffers from local and general debility.

*Causes, &c.*

Gonorrhœa is excited by a specific contagion, and by other causes, and that form of it, which depends upon specific contagion, is capable, by immediate contact, of producing a similar disease in the same parts, to a person previously sound.

I have not sufficient facts to warrant me to assert, how far gonorrhœa, from any cause, except impure connection, is capable of being communicated to a sound person, but, so far as my observation goes, it is not so infectious, indeed,



I have not even a well authenticated instance where such an occurrence has taken place. Where the matter of gleet, too, has been brought, by internal medicines, to a state similar to that of gonorrhœal matter, I have not yet found, that it has communicated infection to a sound person. Perhaps others may be better able to clear up this matter than I am at present, or perhaps I myself may be better able to do it at some future period.

This disease seems different in its severity, in different individuals, but in all is capable of supporting itself, after the cause, which, seemingly, first induced it, has ceased to act. When it arises from any other external application, or from internal medicines, its continuance is of much shorter duration, as whenever by them a similar discharge is produced, it does not seem capable of supporting itself, for any great length of time, by any peculiarity of action which the parts, from such causes, assume.

*Seat.*

It may be difficult, at any one time, to ascertain the exact extent of the urethra which may be affected in gonorrhœa. Although we may sometimes be guided by the seat of the pain, usually most severe in one particular spot, yet this is an uncertain method, as we know that acute pain may sometimes occur in that canal, although the disease, to which it owes its origin, is in a very different part. In stone in the bladder, for instance, the most acute pain is often felt at the orifice of the urethra.

In most instances, it has been alleged, that the seat of this disease is but a short distance from the orifice of the urethra. The exact spot, however, which may be affected, unless it extends backwards, so as to derange the functions of the bladder, &c. is, in a practical point of view, of no

very great importance. Our injections, in perhaps every case, are always thrown a few inches into the urethra, and it is seldom, I believe, that the disease exists beyond this.

*Symptoms and Extent of the Urethra affected.*

I conceive it totally impossible, to lay down rules respecting the time which intervenes between the application of the infection and the appearance of this disease, and equally so to ascertain the probable time which may elapse, even under the most prudent management, between its occurrence and removal. These circumstances are greatly influenced by the habit of body, or constitution of the patient; also by climate, age, sex, manner of living, habits, &c. more than by any peculiarity exclusively incidental to the disease itself. The time which elapses before the symptoms appear, after exposure to infection, as well as the severity of these symptoms, are as much different in different individuals, as if it were entirely a different disease with which they were affected. In most instances, it appears in three, four, or five days, while in others (though far less common than the above), six, eight, or even ten weeks elapse, before any discharge takes place.

A gentleman, for instance, who was scrofulous, had a number of chancres about the glans, and one directly intersecting the frænum; these did not heal in less than eleven weeks, and they had scarcely received a thin pellicle for a covering, when a severe gonorrhœa, with chordée, attacked him. I could rely on the veracity of the gentleman, who assured me, that he had not exposed himself to any fresh infection. I examined the penis, and, such was the state of the recently skinned chancre on the frænum, that he could



not have had illicit connection without tearing it. Such accidental occurrences are the grand instructors of mankind, and in neglecting them, we often lose very valuable lessons. Nature teaches by example, not by precept.

In this, as perhaps in every other complaint, a general description of the more commonly occurring symptoms may be given, and in the generality of individuals, scarcely a deviation will occur. Yet various circumstances, such as the frequent recurrence of the complaint, manner of living, &c. greatly contribute to render the symptoms more regular, or otherwise, and more violent or milder, and, that we may be most successful in our treatment, will consequently require the disease to be considered with due attention.

Soon after infection, the penis, in general, becomes somewhat enlarged in all its dimensions, the glans is irritable, sometimes yielding a slight discharge from its whole surface, and the lips of the urethra become slightly inflamed, and somewhat thickened. In the natural state of the urethra, the plicæ are arranged, so that the canal is completely closed, but, when gonorrhœa affects them, they become inflamed, distended and enlarged. The stream of urine is in some degree contracted or twisted, and sometimes the small glands, along the urethra, are enlarged, and chordée, with soreness, are felt along the whole canal. In some cases all these appearances are observed before the discharge commences, but more commonly the discharge occurs early, and accompanies their formation.

This discharge proceeds from the membrane lining the urethra, and from the lacunæ. In some we find it in small quantity, attended only by slight pain, while in others, the discharge is copious, and the pain and chordée most excruciating. These various circumstances do not seem of

themselves, in any remarkable manner, to influence the duration of the complaint. In some, a small discharge will be easily removed in one, two, or three days, while in others it will, independently of our exertion, remain for several weeks. In cases, too, where the discharge happens to be excessively plentiful, we find the same uncertainty attend its removal.

On the first appearance of the discharge, it is rather of a thin, and sometimes mixed nature, but as it advances in severity, becomes thicker in consistence, and of a greenish yellow colour. This is soon succeeded by a greater or less degree of scalding, and sometimes a sensation of fullness and pain on being touched, along the whole urethra. The extent of both these symptoms, however, depends more on the particular state of the patient's system, than on any quality, exclusively, connected with the disease itself. This is about the period when chordée becomes most violent.

The pain increases rapidly after it has commenced, and the urine, in passing along the urethra, seems as if actually scalding the passage. The patient is in terror even at the thought of passing it, and the distortion of body, which he sometimes exhibits, as well as the convulsed state of the muscles of his face, render him an object, were it from any other cause, of real pity.

This distressing heat and pain, during the act of passing urine, is owing to the inflamed membrane of the urethra, and this of course is more or less severe, according to the degree of inflammation into which the membrane has been reduced. This sensation not uncommonly extends as far back as the neck of the bladder, rendering the patient's situation extremely uncomfortable. The continual desire also to pass water, which such inflammation always occasions, and from his inability either to sit or walk, both of which he does



with the very greatest difficulty, occasions much real distress.

When the inflammation is at a very great height, the glands immediately beneath the membrane of the urethra are sometimes rendered completely incapable of secreting, consequently the discharge is thus checked. In severe inflammation of the membrane, of the nose, and trachia, we find the same phenomena occur, and our first sign of this violent degree of action beginning to abate, is the return of the suppressed discharge.

It has been asserted, on the most respectable authority, that the longer the pain and discharge of gonorrhœa continue, the further the disease advances along the urethra, till it even reaches the bladder, &c. To ascertain the progress the disease makes along the urethra, we are desired by Mr. B. Bell and others, to apply pressure to various parts of the penis, and observe, whether, by these means, matter, in increased quantity, proceeds from the orifice. It seems to me, that all the benefit which can be derived from ascertaining the exact spot from which the matter flows, is, comparatively, of little importance, to the chances of this pressure, protracting the disease, and perhaps, in a great proportion of cases, inducing gleet.

As the irritation spreads on the membrane, the discharge increases, and the pain is aggravated. Involuntary erections, more lasting than those naturally produced, are excited, and, during them, there is felt in the penis considerable distention, as if some compressing power was applied to the sides of it, or rather round its whole circumference.

It is by no means an uncommon occurrence for a patient, under certain circumstances, to have a return of all his gonorrhœal symptoms, even at the distance of two or three weeks, after the dis-

charge had entirely disappeared. Any thing, in certain constitutions, taken internally, which may irritate the body in general, will re-produce it, particularly ardent spirits, however much diluted, medicines of any kind which may irritate the parts in particular, much walking, running, fatigue of any kind, and, above all, riding much on horseback.

When the discharge has been nearly removed, it usually abates so remarkably in its virulence, that a person, frequently in the habit of having connection with a woman, so affected, will not receive infection; while one, less accustomed to cohabit with her, will be affected.

When the violent inflammatory action has subsided, there often remains ardor urinæ, in a particular part of the urethra, and the discharge, after having been acrid, yellow, green, tinged with red, or even mixed with blood, at last assumes the thick, opaque, white, bland, qualities of pus from a healthy granulating sore.

Although pains of various acuteness affect the penis, scrotum, and other adjoining parts, often from the commencement of the disease, none of them are ever so severe, as the affection known by the name of *chordée*. While the former pains are of a dull, gnawing, and exceedingly distressing nature, the latter is often so indescribably acute, as almost to occasion temporary frenzy.

### *Chordée.*

This is perhaps the most troublesome symptom connected with gonorrhœa, and it takes its name from the penis being curved downward, and the glans drawn in as it were with a cord.

It exists from the inflammation of gonorrhœa having penetrated to a considerable depth beneath the membrane of the urethra. The corpus spon-



giosum urethræ and the corpora cavernosa penis are affected with inflammation, and this unites the cells of the penis, so that their powers of extension are in some degree restricted. Thus these bodies during erection are incapable of distention, without occasioning great pain. They are inflamed, tumid and overloaded, and, during erection, laceration of the reticular substance, and sometimes the frænum, is by no means uncommon, by which hemorrhagy ensues, and temporary relief from pain is experienced.

Chordée is generally much more troublesome during the first gonorrhœa than in any succeeding one. It is chiefly felt while the patient is warm in bed, and it aggravates and protracts every symptom of gonorrhœa.

It begins with a spasmodic action on the frænum, during erection. The heat attending the evacuation of urine increasing, it is now attended with a heavy uneasy sensation about the neck of the bladder, and the acceleratores urinæ, partaking of the general tenderness, prevents the patient from sitting without the greatest uneasiness. The glands in the urethra also inflame, and, becoming considerably enlarged, they may be felt externally. In this very high inflammatory stage, and from the enlargement of these glands, the urine is often passed in a small irregular or forked stream, not uncommonly giving rise to the supposition of the existence of stricture. If, even in this virulent state, the discharge continues profuse, it is a favourable symptom, but if it stops suddenly, worse symptoms ensue, such as swelled testicle, &c., and even, from this cause, the prostate gland and seminal vessels have been supposed to suffer.

### *Phymosis, &c.*

Phymosis, as well as paraphymosis, certainly

have existed during gonorrhœa, independently of chancres, but they are more commonly found accompanying chancres.\*

### *Swelled Testicle.*

Although a swelling of the testicle is apt to occur, at any period of gonorrhœa, yet this is most common in the latter stage of that disease.

When the pain is first felt in the testicle, and when the epididimis begins to swell, the discharge from the urethra, usually abates or entirely ceases, and the inflammation in the testicle proceeds. A most exquisitely sensible pain is felt in the epididimis, particularly on its being touched, and it becomes hard. In some, the testicle does not begin to swell till after the epididimis has become enlarged. The most exquisite pain is now felt, even when the testicle is at perfect rest, which is probably owing to the distention of its coat. Although the scrotum seems enlarged upon the swelling of these bodies, yet it but seldom partakes of any great degree of active inflammation.

After the swelling commences, the spermatic chord not unfrequently becomes similarly affected, and is also attended with very great pain. The whole course of the chord is sometimes morbidly affected, and pain is felt in the loins and about the region of the kidneys. The patient is at length distressed with a continual gnawing pain in his back, and febrile symptoms affect him.

This symptom is a very frequent attendant on gonorrhœa, particularly when severe bodily exercise, irregularity of living, or excess of venery, have been indulged in, too strong and irritating

\* See a description of these diseases, under the head of *Lues Venerea*.



injections used, or the too liberal application of the bougie. In some very irritable habits, from the commencement of gonorrhœa, even moderate walking will occasion a swelled testicle. It is not so common for both testicles to swell at once, as for one to be first affected, and, when it begins to recover, the other begins to swell, and, in this way, unless under proper management, the disease is often protracted for several weeks.

A little attention may, on almost every occasion, prevent this symptom. Indeed, that it ever occurs, is perhaps more owing to inattention or bad treatment, than exclusively to the nature of the disease. On its first approach, the patient feels, as if the testicle affected was, from time to time, in a state of slight motion, but this soon gives place to dull, heavy, burdensome pain, to which is soon added twitching, darting pains. It gradually, sometimes quickly, increases in size, and a throbbing sensation is felt in it, so that its suspension becomes necessary.

This symptom, unless from improper treatment, seldom remains, but when the discharge entirely ceases, before the swelling has subsided, it often continues in the same condition for years, and sometimes for life. Permanent swelling of these glands, however, is more apt to be induced by causes (such as external violence, &c.) which do not occasion a discharge from the urethra, and these swellings very frequently continue for life.

They sometimes become enlarged and hardened, and remain so for many years, without occasioning much inconvenience, while at other times (most commonly in cases of seminal emission) they become first somewhat enlarged, but, almost immediately after, one or both of them evidently decrease, greatly below their natural size, and at length, both testicles entirely disappear.

*Ophthalmia.*

There can be no question, that venereal ophthalmia, during both gonorrhœa and lues, is, in every instance, produced by the matter being directly applied to the eyes, not from a retropulsion of the disease, as has been ridiculously asserted. Patients are too often very careless of these matters. They ought at all times, immediately after touching the affected parts, to wash their hands with soap and water.

This certainly is one of the most acute, inflammatory, painful and destructive affections, which perhaps occurs in the whole range either of the practice of physic or surgery. No acute disease can equal it for rapidity, torture, and destruction.

*In Women.*

Gonorrhœa, in women, is rarely so violent as in men. It is often so mild that they are scarcely conscious of its existence. This mildness, compared with the same disease in men, must, in a great measure, be attributed to its more frequently affecting the vagina than the urethra. Indeed, I believe, in almost every such gonorrhœa the vagina alone is affected. Still, however, by neglect, or other causes, it sometimes creates much distress by the inflammation it at length occasions along the vagina, in the carunculæ myrtiformes, nymphæ, clitoris, swelling of the labia, with excoriations about the perinœum, and meatus urinarius, are not uncommon, and from these alone, the patient is often unable to sit or walk. Indeed the carunculæ myrtiformes are sometimes greatly elongated and enlarged, occasioning much inconvenience and pain in walking. This aggravated state of the complaint, is, of course, attended with much pain, itching, scalding of urine, excessive



discharge, and the parts in general are enlarged and protrude considerably.

Sometimes the inflammatory symptoms are not even confined to these parts, as we find them, although not very frequently, extend over the lower part of the abdomen, so as even to cause considerable pain from the slightest friction or pressure. When the inflammation has continued long and violently, and when the glands, within the labia, have become enlarged, although gonorrhœa be removed, they sometimes do not return to their original size, and not unfrequently even suppurate.

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## CHAP. II.

### TREATMENT OF GONORRHŒA.

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#### *General Observations.*

It is difficult, and even almost impossible, to divide gonorrhœa into different stages, and regulate our practice accordingly. Some authors divide it into the first, second, third, and fourth stages, according to the extent of the canal which they imagine affected, and this extent, they think, greatly depends on the length of time the disease had existed. Such division I deem an impossibility, as, in various cases, in a few days after the first attack, I have found almost the whole canal, or at least a great part of it, affected, while in others, although the disease had existed several weeks, the pain, which probably indicated the extent of disease, did not reach more than an inch from the orifice of the urethra. These differences wholly

exist from individual peculiarity of constitution. While, therefore, this difference of constitution is so general, an attempt to apply general reasoning, when exceptions to general reasoning, and particular attention to existing circumstances, so frequently occur, is more likely to lead us astray, than properly to direct our proceedings. One general rule however invariably exists, attention to which is of the greatest importance, and this is, in every case, to use our applications as early as possible. Neglect of this, renders the cure both more difficult and more tedious.

It is fortunate, that, unless from bad treatment on the part of the medical attendant, or, which very commonly happens, from the thoughtlessness of the patient, or from the difficulty of managing those possessed of strong and ungovernable passions, gonorrhœa of itself is mostly an easily cured disease. Indeed, we almost always find that it is from the above causes alone, if we ever fail in curing it in a short time.

Certainly, however, in the cure of cases of some standing, and of usual severity, much more caution is requisite, than, in general practice, is bestowed on it. It is not uncommon for almost every one, whether of the medical profession or not, to conceive himself fully capable of removing gonorrhœa, and, under such conceptions, it is not usual for medical assistance, especially in its early stages, to be required: but there are few complaints, in the removal of which the chances of doing injury are so numerous. The structure of the parts is extremely apt to be seriously deranged. The delicate membrane, with the glands immediately under it, and the ducts leading from these glands, into the urethra, may suffer various degrees of disease, from improper or ill-timed applications. Whether, if these parts should be totally disorganised, and incapable of being re-



generated, or if they should only suffer partial derangement, which the powers of nature may correct and restore to their healthy functions, is no argument in favour of such rude practice, for the abilities of a medical gentleman ought ever to be directed, not only to the cure of disease, but to cure it in the very easiest way.

Mr. John Hunter was of opinion, that medicine is very seldom of any kind of use in gonorrhœa. As this gentleman has gained too high an ascendancy to be neglected, I think it incumbent on me to consider this opinion somewhat fully.

\* “As we have no specific medicine for gonorrhœa,” says he, “it is fortunate that time alone will effect a cure; it is therefore very reasonable to suppose that every such inflammation gets well of itself; yet, although this appears to be nearly the truth, it is worthy of consideration, whether medicine can be of any kind of service in this form of disease. I am inclined to believe, that it is very seldom of any kind of use,” &c.

These observations I conceive to be rather unguarded. If we consider this inflammation, and its consequences, we shall not hesitate to decide, that it is to be treated on the same principle as other local inflammations. Its violence will, for the most part, abate spontaneously; but atony of the organs of urine and generation, spasmodic constrictions, or even condensation of the membranes, with obstinate gleet, are the almost invariable results, and, with these also, an almost incalculable number of very troublesome complaints, proportioned to the violence and duration of the previous inflammation. Thus, the cure attempted in this way, or rather, in other words, wholly neglected, will certainly be much worse than the disease itself. If, indeed, gonorrhœa be very

\* Hunter, Chap. IV. p. 69, on the Cure of Gonorrhœa.

slight, it may cure of itself, but in the usual severity of such complaints, on their being left to themselves, one form of disease is only changed for another, and a gleet, remaining for years, if not for life, will more probably result than a cure. This is but the first effect, for the local and general debility which it causes, and all that train of inveterate symptoms which follow, will inevitably occur, in the majority of cases.

That gonorrhœa, however, will not completely cure itself, Mr. Hunter soon acknowledges, for, in page 71, he remarks, “ When the inflammation has considerably abated, the disease only now remaining in a mild form, it may be attacked either by internal remedies, or local applications; if it be attacked locally, violence is still to be avoided, because it may bring back the irritation. At this period, gentle astringents may be applied, with a prospect of success; or, if the disease has become mild, and there are no signs of an inflammatory disposition, either of the common or irritable kind, in order to get rid of the specific mode of action quickly, an irritating injection may be used, which will increase the symptoms for a time; but when it is left off, they will often abate, or wholly disappear. In such a state of parts, astringents may be used; for the only thing to be done is, to procure a cessation of the discharge, which is now the principal symptom.”

This seems to me the very point where gonorrhœa ends, and gleet begins, and where, of course, the stimulating plan should be adopted, with an activity proportioned to the debility which had been induced.

If Mr. Hunter allude to the fact, that the active inflammation will abate, and debility ensue, then, in this respect, gonorrhœa does not differ from inflammation of every description. On this principle, we need not be told that gonorrhœal inflam-



mation exhausts itself, for so will inflammation from every other cause. Mr. Hunter elsewhere seems of this opinion.

In page 109, he says, "If any of these diseases arise from gonorrhœa, they are most probably not the consequences of any specific quality in the venereal poison; but are such as might be produced by any common inflammation of those parts, as was observed of the continued symptoms."

On the constitutional treatment of gonorrhœa, (page 84) he abandons the notion of the complaint curing itself, and advises all the variety of the phlogistic and antiphlogistic treatment, as shall be indicated by the symptoms.

In the ambiguity of Mr. Hunter's mode of expressing himself, we may often find contradictions equally evident. Which of the assertions ought to be believed?

Although almost every gonorrhœa terminates by resolution, that is to say, without producing tumor or ulceration, yet, like every other inflammatory disease, it may, from various causes, terminate in suppuration, render some of the affected parts scirrhous, or gangrene may even be induced.

### *Modes of Living.*

A strict observance of the mode of living, seems much more necessary during gonorrhœa, than during pox. We must be particularly careful to avoid all high-seasoned food, and live on those most simple and easily digested. All spirituous liquors, wines, and intoxicating liquors of every description, *must* be prohibited; not only, during the violence of the disease, but even for several days or even a week or two after the symptoms have disappeared, otherwise they are apt to cause a recurrence of the discharge. Exposure to great heat, and fatigue or bodily exercise, espe-

cially horseback exercise, must also be particularly avoided. There ought to be nothing used stronger than table-beer, spruce, soda water, or toast and water.

During its whole course also, all mucilaginous and farinaceous drinks may be used with advantage, indeed they are perhaps the safest a patient can use, as they tend to allay the distressing irritation felt along the urethra. To these may be added, tea, coffee, &c.

Although, however, spirituous liquors are almost always hurtful, I know a gentleman who has been frequently affected with this disease, who uniformly cures himself by being in a state of continual intoxication for several days, whenever he is affected in this way. By this means, he serves two purposes, he gratifies his propensity for debauchery, and he cures his disease—perhaps I may add a third, he will soon ruin his constitution, and destroy his life.

#### *Sea-Bathing.*

Cold lavation, and cold bathing in the sea, if it can be had, are of the utmost importance in every degree of its severity and at every period of the disease. In slight affections, these applications alone will often effect a perfect cure, without the necessity of injections or any other medicines.

#### *Purgative and Laxative Medicines.*

I have never found purgative medicines, useful in gonorrhœa, but in many instances, they irritate and render the parts more uneasy than before their exhibition. When there is considerable inflammation of the parts, or constitutional inflammatory symptoms, and when the bowels require some laxative medicine, moderate doses of cream of tartar and nitre obviate these states in the mildest



manner imaginable. When these violent symptoms exist, topical or even general bleeding, will be of great service.

### *Balsam of Copaiva.*

A few drops of balsam of copaiva, in a little water, is of singular service in removing irritation and ardor urinæ, which so frequently accompany that disease, and also in cases where there is great irritability, extending along the urethra, and even affecting the bladder. In such cases, purgatives are always hurtful. This medicine having been found of use in such states, it has been applied not only in every stage of this disease, but also in gleet. Failure was not the only consequence, as the quantity used often deranged the digestive powers so much, that it required many months to restore them.

### *Mercury.*

From the peculiar nature of gonorrhœal inflammation, from impure intercourse, many have been led, in drawing a comparison between it and similar discharges from other causes, to conceive this peculiarity to depend on its connection with lues venerea, and have acted accordingly, but had they been regulated in their proceedings by analogy, they would have acted otherwise. Different kinds of inflammation, on different external parts, arise from different causes, appear in different degrees of severity, and require totally different plans of treatment; yet no one has imagined, that in their removal, which is always effected by external means, there remains in the system any latent disease in consequence of them.

Were it even established, that the matter of venereal gonorrhœa, when absorbed into the system, committed ravages similar to those of lues venerea,

the local means would require to be accompanied with the internal use of mercury. This would be the only difference between the treatment of such affections, as arise from venereal virus, and similar symptoms, arising from other causes.

It has become a general rule *in practice* to cure gonorrhœa, without the necessity of charging the system, as in chancre, &c. with mercury. There may perhaps be a few exceptions to this rule, but I believe they must be very few, and can only exist when the matter of gonorrhœa proceeds from a chancre within the urethra, the existence of which, except in the very rarest instances, is with me a questionable point. When this state of the parts does exist, mercury is absolutely necessary for its removal.

### *Bougies.*

Sir Everard Home's treatment of gonorrhœa is extremely harsh and unwarrantable; none indeed but one under the influence of the wildest whims, would ever attempt, in the extremely irritable state of the urethra, affected with gonorrhœa, to thrust a bougie along the whole or a great part of that canal. Independently of the disease which such treatment would, in almost every instance, induce, the pain occasioned by it would be almost insupportable. It would be equally irrational, and equally tormenting, as that of Mr. C. Bell's directions, for the re-introduction of the caustic bougie in stricture. That gentleman, not satisfied with once introducing the caustic bougie, till it had completely cauterized the parts, and become covered with the slough, but he thinks it proper to withdraw it, clear it of its filth, and immediately re-introduce it. The proofs of the propriety of such practice I suspect he obtained where Sir Everard Home obtained his—from dissection, (see Mr. Bell's note at the commencement of his Let-



ters on the Urethra), for such rude proceedings could only be performed on the dead subject; surely neither the one nor the other of these ingenious authors can seriously imagine that any living being could endure such accumulation of torture.

Either in this stage of the disease, or when great irritation exists along the course of the urethra, which is sometimes present even before the running commences, and sometimes after it has stopt, must be treated with much judgment. It may be established as a rule, that, at such a time, either bougies, or even irritating injections, must do harm. They never can cure the disease, but may increase it, or, which is by no means uncommon, they may alter it for a morbid affection of a more serious nature.

In some cases, when inflammation and irritation are so very great, as even to affect the bladder, or should these be brought on by improper management, opiate glysters are of much benefit, and the warm bath may be used with great advantage. In severe cases, bleeding from the arm or perinæum, may be employed, but with the utmost caution, unless the patient be of a very full and plethoric habit. In such states of irritation, either during the discharge, or after it has subsided, the balsam of copaiva may be used with advantage, oil also injected into the urethra, and a blister applied over the loins, or rather in the perinæum, are of the utmost service; and that which renders this last application doubly beneficial, is, that it can be applied with equal advantage in a lax as in a full habit of body.

#### *Affection of Cowper's and Prostate Glands.*

Should the prostate and Cowper's glands suffer temporary enlargement, leeches applied to the former, the moment such a symptom is discovered,

is the most advisable practice, while, in the latter, a blister over the affected glands is more effectual. These, however, particularly the former, unless in scrofulous habits, rarely occur, and even then, only when the gonorrhœa has been very ill treated. I believe them, in general, imaginary, rather than real diseases.

### *Chordée.*

For preventing the exacerbation of chordée, a method which I have seldom found fail, is to turn the penis upward over the symphysis pubes, and lay it there, in a state of suspension, by means of a circular bandage or ligature, taking care that it be very moderately pressed, and that there be interposed a few folds of cloth between the penis and belly.

This, however, must be done when the penis is quite flaccid, otherwise handling it will sooner bring on the attack, but, at any time, during the severest chordée, flannel, soaked in cold water, or in a solution of acetis plumbi, put round the penis, will remove it, and render that member quite flaccid. Thus we can, at pleasure, prepare the penis for being so supported. Such effect, reasoning *à priori*, might even be expected, for by reflecting the penis upwards, we diminish swellings and inflammation of the glans, by retarding the flow of blood to these parts. Now, as we know that chordée only assails during erection, or, in other words, is the effect of an inflamed surface, distended in consequence of the influx of blood into the corpora cavernosa, it is not difficult to conjecture why this flexion should prevent chordée.

It often happens, that excoriations of the body of the penis, and also of the glans, with active inflammation and chordée, infest the patient at



the same time ; in which case, flannel soaked in a solution of the acetis plumbi, and wrapped round the penis, together with the tying above described, never fails to mitigate inflammation, remove pain, and prevent chordée, in fine, very greatly facilitates the cure. Opium and cicuta, also given internally, may both be used with advantage.

When there is considerable tumefaction, with pain in the whole or part of the penis, attended with chordée, leeches, and afterwards saturnine applications, are absolutely necessary ; but when the glands of the penis are simply swelled, which, in some advanced stages of the disease, exist even to a considerable extent, these applications are attended with little or no benefit. I am sorry, that the successful treatment of these indolent glandular swellings, on any part of the body, is still so little known.

### *Swelled Testicle.*

During the existence of even a weariness, or kind of soreness in the testicles, I have never found injections do any harm, particularly if used with great caution, and of moderate strength ; but when the pain is severe, and the testicles evidently swelled, injections, or any other means to stop the discharge, almost always increase the evil, often in a remarkable degree. This is the most frequent effect of improperly treated gonorrhœa, and it is most commonly produced in the early or inflammatory stage. As a preventative, the testicles, even from the commencement of gonorrhœa, should be gently suspended by the bandage made for that purpose, as it has always seemed to me at least, as proper to prevent a complaint, as even to cure it. This suspension ought to be continued several weeks after the inflammation has apparently abated.

Our first object in its removal, is to avoid that which caused it, also ease, low diet, &c., with a great deal of patience, are also absolutely necessary, and, in severe cases, even confinement to bed. The suspension of the testicles, with the application of leeches, and, when the bleeding caused by the leeches has ceased, folds of linen cloth dipped in cold vinegar, a solution of acet. plumb. or diluted goulard, repeatedly applied over them, are of very great service. If the gonorrhœal discharge continues or returns, the above applications may be fewer than where this has totally stopped. We judge of swelled testicle beginning to abate, by the discharge from the urethra being increased in quantity, and, however favourable other appearances, while no increase of discharge takes place, the diseased testicle will continue. Thus circumstanced, we must have recourse to still more general blood-letting, proportioned to the strength of the patient; the application of an additional and greater number of leeches; assiduous attention to fomentation with cold solutions, and cloths dipped in spirit of wine, frequently applied over the affected part; the greatest attention to the gentle suspension of the testicle; the body kept continually in a horizontal posture, and some gentle diaphoretic medicine, are all pressingly necessary. Strict attention to these means will, in every instance, effect our purpose.

A relapse of swelled testicle, toward the entire disappearance of gonorrhœa, is seldom, or never, equal in severity to the first attack. The testicles scarcely ever proceed to abscess, unless owing to neglect or bad treatment.

From the chances of swelled testicle, any application used in gonorrhœa, by which the discharge may be suddenly stopped, is improper. A return of the discharge in a few days, in an aggravated degree, is the simplest consequence of such



treatment, and, in addition to this, the lining of the urethra is much injured, thus laying the foundation of most obstinate gleet.

When inflammation of the testicle abates, and the swelling subsides, when the spermatic chord (if it had been swelled) returns to its natural dimensions, when the pulse is mild and the stomach at ease, although swelling of the testicle be not entirely gone, we then find the discharge from the urethra return, and soon after every morbid symptom ceases.

When a testicle thus swells, it is rarely necessary to extirpate it, as it does not, in general, leave behind it any morbid hardness or enlargement, but what ultimately subsides.

### *Injections.*

In gonorrhœa, especially from impure connection, and perhaps in similar discharges from other causes, the efforts of the system are unable to remove the diseased action, the urethra has assumed. To effect this purpose, we consequently find it necessary to employ such measures, almost always in the form of injection, with the occasional use of internal medicines, which, while they in some measure allay the virulence of the local affection, give the system the power of restoring the diseased parts to their healthy condition.

Many objections have been urged, and possibly with some degree of reason, against the use of the different kinds of injections, but, from our present knowledge, they really are the best applications, when judiciously made, in the generality of cases, with which we are acquainted. I should, therefore, imagine their failure, in effecting the purpose for which they were employed, may be easily accounted for, such as too great strength, &c. &c.

Thus, from carelessness or rashness, the inflammation of the urethra, and even of the whole penis, is greatly increased, rather than diminished, the discharge is stopped, and the testicles swell. If we again have occasion to use injections, one composed of milk and water, or Florence oil, will be preferable.

Those in common use are, first, the emollient, or such as are composed of mucilage of gum arabic and water, milk and water, or sweet oil, and similar substances; secondly, those of an irritating quality, composed of vitriolic preparations, muriate of mercury, &c. dissolved in water; thirdly, those of an astringent quality, as solutions of the astringent earths and gums, decoctions of oak, Peruvian bark, &c.; or, fourthly, those of sedative quality, as solutions of opium, hyocianus, and the preparations of lead.

The first are most useful when inflammation runs very high, the second at any time during the complaint, while no violent symptoms exist to forbid their use, the third, toward the termination of the discharge, and the fourth most commonly when the complaint is attended with distressing irritation, or with great pain.

In the generality of cases no such thing as ulceration exists in the urethra. When the disease is accompanied by such violent inflammation, or by strong irritating injections, which injure the structure of these parts, or by employing an improperly formed syringe, I have no doubt that ulceration may be caused. Still this can never be deemed a constant attendant, nor indeed at all an attendant, on the generality of cases.

Lapis tutiæ, lapis calaminaris, or alumen, either of them in the proportion of about two scruples to four ounces of distilled water, with the addition, particularly to the two former, of about an ounce of mucilage of gum-arabic, form very useful in-



jections. For the same purpose, we may employ a decoction of oak, or Peruvian bark, or galls, with equal parts of lime-water. If these are made astringent, so as gently to affect the tongue, when applied to it, they form useful and safe injections. Gum-kino also, in the proportion of a drachm to five ounces of boiling water, with the addition of a little mucilage, is a useful astringent injection. When the disease has abated considerably in its severity, but not till then, half a drachm of tinct. lyttæ to six ounces of water, makes a useful injection. In almost every one of these the addition of one drachm of tinctura opii to six ounces of water, is attended with the best effects.

Those who wish to insinuate that gonorrhœa and lues are of the same nature, recommend injections principally composed of preparations of mercury; conceiving that, in this form, it is more calculated to act on and destroy the disease, than injections, which do not contain some of the preparations of mercury.

To discuss the particular relation which these diseases bear to each other, is not my object. I may, however, remark, that gonorrhœa is generally cured without mercury in any form, except as a mere external application, such as muriate, or corrosive sublimate of mercury, dissolved in spirit of wine, and afterwards sufficiently diluted with water; calomel dissolved in lime-water, &c. I am in the habit of occasionally using these with the greatest advantage.

Thus a drachm of muriated quicksilver may be dissolved in an ounce of spirit of wine, and two or three drops of the solution, mixed with four ounces of water, is a useful injection, and may be employed six or eight times a day. It is almost always necessary, when this solution produces no sensation of heat in the parts, gradually and repeatedly to increase it one or two drops to



each four ounces of the injection, till such effect is produced.

When calomel and lime-water form our injection, it may be proper to add some mucilage of gum-arabic. Thus a scruple of calomel, four ounces of lime-water, an ounce of mucilage, and one drachm of laudanum form a very good injection. The strength of this, however, like every other injection, ought, if necessary, to be gradually increased.

Were I to enumerate all the injections in common use, each of which has its advocates, from some particularly advantageous quality each is supposed to possess, I should fill a volume, but a very few of them may answer every purpose for which they are intended. For my own part, I am fully satisfied with my success, from the occasional use of two or three different sorts, to suit the different degrees of severity of the disease, and the peculiarity of habit of the individual who may employ them.

Those I have last mentioned, have for their basis a mercurial preparation, and the two which I shall now mention, have for their basis a vitriolic preparation, *viz.* vitriolated zinc and vitriolated copper. The first of these I prefer in the early stages of the disease. I use one scruple, with one ounce of mucilage of gum-arabic, a drachm of tinctura opii and five ounces of water. As usual, I gradually increase the strength of this solution, till the quantity of the vitriolic preparation amounts to half a drachm. The latter I prefer, when the discharge has nearly subsided, and when the former injection does not, which not unfrequently happens, seem to produce any beneficial effects. The proportions I find answer best, with the vitriolated copper, are, at first, about ten grains, an ounce of mucilage, and five ounces of water. This also I find necessary to increase in



strength, if it does not, very speedily, remove the discharge.

Different constitutions being differently affected by the disease, render it necessary occasionally to employ these various injections, and different states of the disease, even in the same individual; often render it necessary occasionally to vary our applications. We are, therefore, if we expect to treat the complaint successfully, perfectly correct in changing the injection, to suit these different states.

Every particular kind of injection, for the removal of this disease, has had its abettors and supporters, more perhaps from some particular whim, than from unprejudiced, accurate, observation. Although, in the list of those in common use, some are certainly preferable to others, I have never seen any of them do material injury, if used in that degree of strength, &c. which is absolutely necessary, and from which alone we have any right to expect success. I should, therefore, imagine, that the difference of opinion which has *always* existed on this subject, must have arisen more from the error of the physician, than from any peculiarities with which the substance itself was possessed.

Some practitioners of great eminence are wrong, in forbidding the use of sedative injections, till the inflammation has greatly exhausted itself. From my own experience, I affirm, that such injections are most conspicuously useful, when the inflammation is most violent; and that then, cooling solutions are not only to be injected, assiduously, into the urethra, but flannel soaked in them, and wrapped round the penis, which is done with the best effect, and great relief to the patient, in chordée, phymosis, paraphymosis, &c. Sympathetic buboes, or, at least, pain in one or both groins, are sometimes consequences of such active

treatment, but these are, in a few hours, removed by a sponge wet with the same solution, and applied to the groin, together with the exhibition of smart cathartics.

When violent inflammation is present, we ought, both previous to and along with injections, to apply leeches to the perinæum.

Every one must have observed, that, if the discharge be suddenly stopped by strong injections; or otherwise, the inflammatory symptoms at once become worse. The parts are, in a greater or less degree, swelled, chordée supervenes, and, until these symptoms are subdued by leeches applied to the perinæum, or large emollient poultices over the parts, the symptoms do not suffer the least abatement, often for several days.

I am fully of opinion, that no injection of any one kind ought to be continued more than three, or at most four days. I have found this plan of altering the nature of injections, and even, after using two or three different kinds in succession, to return perhaps to the one which we first employed, attended with the happiest consequences.

We ought not entirely to abandon the use of injections whenever the discharge stops, nor is it necessary to continue them so strong, late in the disease, before the discharge has stopt; but we may, with the utmost propriety, render them much weaker than formerly, and continue gradually to dilute them, till the discharge has disappeared.

If, in a recent case, an injection be repeated for some time, and if, at the intervals during its use, the inflammation appears to have subsided; if the discharge become somewhat thicker than formerly, which is usually a favourable symptom; yet if, at this period, the injection be withdrawn before the discharge have entirely ceased, the inflammatory symptoms, in the course of a few



days, again recover their force, and become as obstinate as ever. It is therefore necessary, to a complete and permanent cure, that the venereal irritation be extinguished, for from two to four days, previous to our leaving off the injection.

The best form of a syringe, is that with a conical point gradually becoming thicker for, at least, half an inch from the point. This is much preferable to those with a small point, which, as it is introduced some length into the urethra, is apt to rupture the part to which it is applied. The former enters but a short way into the urethra, and, when introduced into the orifice, has no chance of rupturing it, and steadily pressed forward, completely fills the urethra, and allows the injection more certainly to be thrown into the canal, than the other with the small point.

Much confusion has existed in practice, and also in the works of some authors, respecting the manner in which injections act, in removing gonorrhœa. Many of them solely direct their attention to the alterations produced on the secreted matter, without once paying the slightest attention to the parts which secrete it. By this neglect, every thing which can be beneficial is overlooked. It is to the disease of the secreting surface alone, that we are to apply our remedies, and the various external applications, and internal remedies, can alone remove the discharge, by removing its morbid action.

Thus these means can solely produce their beneficial effects by altering the action, already existing in the urethra, which may be done either by gently (and for a length of time corresponding to the inveteracy of the disease) stimulating the parts, or by acting upon them by agents possessing astringent qualities.

A properly treated gonorrhœa, when prescribed for on the first or second day, ought never to re-

main beyond a fortnight, at the very farthest. Even ten days is sufficient to cure at least three-fourths of those generally met with. Still much must depend, both on the attention of the patient, and the medical attendant. If the patient fatigues himself, lives irregularly, and uses his medicines only when perfectly convenient for himself, he cannot reasonably expect a speedy recovery, and if his medical attendant is little in the way of treating such complaints, his hopes of cure, at least for the first ten days or a fortnight, must be very moderate.

Perhaps the best treatment of every gonorrhœa, for the first two days, is by an injection of milk or oil, because, from the usual virulence of the inflammation, and generally irritable state of the urethra, such mild means answer best at first, and they may, under proper regulations, be either altered in their qualities, or increased in their strength, as the changes which take place in the disease indicate. On the contrary, to begin with strong injections, is always injurious. They, in a greater or less degree, disorganize the parts to which they are immediately applied, and thus a great lapse of time, as well as the judicious application of other remedies become necessary, before the parts can be brought back even on their former state.

I have repeatedly observed, where it can conveniently be done, that, particularly early in the disease, weak injections used once every hour, are more certainly and more permanently beneficial than when used only twice a-day or so, and from their strength at each application, occasioning considerable pain. In the first, before the previous portion of injected fluid has ceased to act, the second is applied, and, in this way, the effect is never allowed to cease. Thus, they effect a cure without injuring the parts to which they are ap-



plied. These circumstances entirely rest with the medical attendant, who, by care and proper instructions, only can expect success to follow his endeavours. Irregularity of living, and too much exercise, particularly on horseback, are extremely improper, and must, at all times, be very prejudicial during the existence of such complaints. These faults entirely rest with the patient, and, unless guarded against, all the attention a physician or surgeon can possibly bestow, must be ineffectual. Indeed, I believe, it is in this early stage of gonorrhœa, when the urethra is most apt to be injured, and during which the foundation is laid for the most obstinate gleets. Later in the disease, when irritation has, in some measure, abated, we may not only use greater familiarities with the system in general, but much stronger injections than were at first employed, are not so productive of harm.

The above improper practice is sometimes adopted from an idea, that by it the discharge is sooner removed, and so far, those who adopt it are right, for the discharge may thus be suppressed for a short time, but the parts continue in great uneasiness, and, in a few days, it returns worse than ever.

We find it stated by those who recommend strong irritating injections, by which the discharge is suddenly stopt, to throw up the urethra, warm oil and other emollients, in order to attempt to reproduce the discharge. Provided, indeed, we could ascertain that no injury had been done to the parts by such rude practice, previous to the employment of oil, &c. it would be of great benefit; but, as these parts suffer the injury, the moment the irritating injection reaches them, our hopes must not be so sanguine of effecting any material benefit by inducing a return of the discharge. Our

attention ought always to be exerted to prevent such blunders.

About the time our remedies have almost wholly removed the discharge, it has been recommended by authors, that the patient should squeeze the penis, to ascertain whether or not the discharge had entirely abated. This is extremely improper advice, for if the complaint existed, no such practice would be necessary. If there be still a morbid secretion from the membrane of the urethra, it will make its appearance without squeezing, and, by such absurd means, the discharge is almost always reproduced if it had even abated, and most certainly increased and protracted, if it had been only beginning to abate. Injections are again found necessary for its removal, and thus gleet is almost invariably produced. Indeed the complaint, rendered so mild as to make it doubtful whether the discharge exists, the constitution will, unassisted, return to health.

The usual violence of the discharge will often nearly disappear, and there may continue a small quantity which injections increase, but seldom entirely remove. Under these circumstances, a change of air, with the use of cold lavation or cold bathing, will entirely and speedily remove it.

The most distressing cases, both to the patient and physician are such as occur in scrofulous habits. Any of the usual injections, seem to have very little effect upon them, and a very great proportion of such cases terminate in the most obstinate gleet. Indeed, we shall not be surprised at this circumstance, when we consider the disorder which is prevalent in the solids, both muscular and bony, nor do I see any reason to exempt the fluids from the general depravity. Under these circumstances, I have used, with the greatest success, an injection composed of two or three drachms of laudanum, an ounce of mucilage of gum ara-



bic, and five ounces of water. This I have gradually increased in strength till a cure was completed.

Where there is a deep seated dull pain near the anus, causing much uneasiness, and even preventing the patient from sitting, in addition to injections, we ought to prescribe an opiate draught, and an opiate glyster, with the warm bath daily, which, separately or together, seldom fail of removing such sensation.

#### *Treatment of Gonorrhœa in Women.*

If, immediately after suspicious connection, the patient washes herself, either with a solution of soap or vegetable alkali in water, I think, from the construction of the parts, and the ease with which that operation can be performed, either by means of the hand, or sponge, that there is no danger of the infection.

As, in the female, the seat of this disease, is most commonly in the vagina, and as this part can, without suffering from irritation, admit of injections of considerable strength, we ought, at once to begin with them at least double the strength we would use in the male, where the complaint affects the urethra.

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### CHAP. III.

#### LUES VENEREA.

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#### *Definition, General Observations, &c.*

LUES Venerea, or Syphilis, generally arises from impure sexual intercourse, is a disease principally

of the absorbent system, and, at length, affects all the vital functions.

This disease may be introduced into the system, either in the natural and most common way, through the medium of the absorbent vessels, or by transplanting a tooth of one venereally affected, into a sound person. In the first, it is necessary that the virus should pass through the absorbent vessels into the blood, while in the latter, the absorbent vessels are less necessary to the virus, being applied to the blood. In the former, the disease is generally slow in its progress, in the latter, it is rapid and violent. The infecting matter cannot act through the medium of the air, but only through the medium of a fluid, as it cannot be communicated, except by immediate contact of a sound, with a diseased, person. And, although, for the most evident reasons, it commonly appears on the genitals, particularly on the delicate surface of the glans penis, &c. the same virus is capable of occasioning morbid appearances on any other part or organ of the body.

Both sexes are equally exposed to venereal infection, but, from the different structure of the parts, the symptoms in the female, are scarcely ever so violent as in the male. This has been attributed to the simplicity of structure of the female organs of generation, but I am of opinion, that it arises more commonly either from the natural or from the morbid flow of fluids to these parts, washing off the infecting matter.

Some persons are more liable to be infected with this disease than others. This peculiarity often appears very conspicuous, for while one will be, at every period of life, infected by one single act of indiscretion, others become hoary in its repetition, without ever experiencing one symptom of the disease.

When the infection takes place, the poison is



conveyed into the system by the lymphatic or absorbent vessels. It is in consequence of their dispersion over the whole body, that the virus may be absorbed on any part to which it is applied, and, by means of their infinite connections, that it may be diffused, often very rapidly, over the whole system.

This poison, however, is absorbed more or less quickly, according to the structure of the part to which it is applied, and the existing peculiarity of the constitution, health, &c. of the person exposed to its effects. If, for instance, from the same connection, virus be lodged on any of the parts beneath the prepuce, and upon the external skin of the penis, and if such virus act effectually on both these parts, there will be a distance of many days between the appearance of the disease; the virus lodged beneath the prepuce, acting before that upon the external skin.

Like every other infectious quality causing disease, the venereal poison undoubtedly possesses greater virulence at one time than at another, and even, in certain intervals, may be almost quiescent, though not entirely injured, in its powers. There can be no doubt, that the same circumstances attend every contagious disease.

The infection received in the usual way, soon after produces small ulcers termed chancres, and afterwards, by irritating and inflaming the inguinal glands, in its passage through them, to the system, produces bubo in the groin.

The immense labour some authors have displayed, in minutely tracing the different periods, from the time the infection was caught, to the exact moment when the disease made its appearance externally, in the many hundred forms which it is said sometimes to assume, is more curious than useful. Some of their more general remarks may be applied to use, but the attempt

to establish a general doctrine, upon a multitude of anomalous and uncertain occurrences, is, at once, unprofitable and unnecessary.

Although it be from external appearances, such as chancre, bubo, or other affections of different parts, that we are usually guided in our opinions respecting the existence of this disease, yet the system is sometimes affected by it, independently of the occurrence of either of these symptoms. In these cases, the glands of the groin are frequently more or less enlarged. By this single mark, when we have no other leading symptom, we may, in general, ascertain, whether or not the patient be really affected with lues venerea: yet sometimes the venereal virus passes into the system, even without producing either chancres, enlargement of these glands, or any other external sign of disease, but afterwards, blotches on the skin, ulcers on the tonsils, &c. will convince us of its actual existence.

It would, in many cases, be a great difficulty strictly to define the venereal disease from appearances, because it appears under so many forms, which renders its symptoms often very complicated. On this account, there is perhaps no disease to which the human body is liable, in which experience and observation are more necessary to enable us to form a proper idea of it. In this difficulty, we must content ourselves by enumerating its most general symptoms, and from them, forming our opinion. It is not the symptoms in one, or even several individuals, which must regulate us in this respect, for, in almost every individual, and even in the same individual at different times, the symptoms vary considerably. On this account, we should form our opinion on the broad basis of extensive observation, otherwise we may be led astray. I do not pretend to relate all the anomalous symptoms which may occa-



sionally occur, and perhaps scarcely in the order of succession, in which they appear in many individuals, but I shall certainly take notice of the most practically important.

The recent symptoms are chancre, with or without bubo, and either or both of these, with or without phymosis or paraphymosis. It is always an uncommon occurrence for this disease to be introduced into the system without one or other of these appearances. But should this happen, it may continue in the system for years without exhibiting one external symptom of its existence. Under this circumstance, or should the affection be imperfectly cured, it will, in some form or other make its appearance, at some future period, no doubt greatly influenced by various circumstances. In such instances, it most commonly first affects the fauces with inflammation, which speedily proceeds to ulceration, or appears in the form of eruptions or blotches, of various kinds, on different parts of the body. On other occasions, though less commonly, sensations somewhat similar to rheumatism affect different parts, which at length settle in some or other of the bones. These are the most common secondary symptoms, although many others occur in practice, and are to be found described by writers on this disease. These, however, I decline enumerating, as I wish principally to confine myself to the more common and more important occurrences; and when other symptoms appear, which are neither common nor important, they may, together with their treatment, be found enumerated in some books, where they are described and dwelt upon with such intolerable minuteness, as if they were daily occurrences.

The order, then, in which the venereal symptoms generally appear, after the virus has been absorbed, and before they have been checked by mercury, are, first, in the form of chancre, next



bubo, then eruptions or ulcers on the skin, ulcers in the throat, and affections of the bones. The first two symptoms are not so apt to vary in the order of their appearance as the four last, which, with the affection of the bones, (almost always last, or at least in them the pains are last felt) are extremely different in different individuals, both in regard to time and severity.

Thus, however circumscribed the first appearance of this disease may be, unless arrested in its progress, it gradually proceeds to affect other parts of the body, at length completely contaminating the whole living system, and finally even terminating existence, having previously reduced the whole body to a complete mass of ulceration and almost of putridity.

Perhaps there is no appearance to which human nature is capable of being reduced, which renders it a more horrible spectacle, than the accumulated evils of a confirmed pox. We often have the misfortune to see the once most manly and elegant form reduced to a complete mass of deformity. The eyes become tender, one or both squinting and considerably protruded from their sockets—the nose flat, and the nostrils discharging fetid matter in considerable profusion—the gums consumed—the teeth rotten—the sockets exfoliating—the breath horribly foetid and disgusting—the neck stiff—the joints either large and decrepid, or absolutely rigid, and totally unfit for their common offices—ulcers of the very worst kind appear on various parts of the body—a ghastly and haggard appearance, and the mind a complete and irrecoverable wreck.

### *Chancres.*

Chancre is, in general, the first morbid appearance after connection with one venereally affected.



The disease is more likely to be communicated to a sound person, from this symptom, than from any other. Their most common situation is under the frænum—next behind the glans—next the inside of the prepuce—and the least common situation of this symptom is on the external surface of the penis, or on the adjoining parts.

It is owing to the glans or the prepuce having the most delicate surface, that they are the usual seat of chancre, and thus in those whose prepuce entirely covers the glans, it is more apt to appear, than when this does not take place, or in Jews, Mahommedans, and others where it has been removed. Bubo, in every respect venereal, sometimes precedes chancre, and even exists entirely without it, but this is by no means a common occurrence. Under these circumstances, there may exist some difficulty in really ascertaining, whether or not the swelled gland is of a venereal nature, but when chancres precede its appearance, there can be no difficulty in forming a proper opinion respecting its nature.

All the more aggravated symptoms of this disease, owe their existence to neglect or mismanagement, while in a mild form. When we consider this important fact—when we reflect upon the ease with which every case, at least ninety-nine in the hundred, may be completely removed by common attention, when in the form of chancre, we ought either to regret, that the patient did not allow himself to be properly advised, at that important period, or blush at our own want of knowledge in allowing *such* a disease ever to gain ground upon us.

A chancre begins in the form of a small, hot, red, itching point or pimple. By degrees, it increases, grows whiter, and, on its head being rubbed off, there is a small aperture, generally discharging a quantity of thin ichor. Sometimes,

they are few and distinct—at other times, numerous and confluent. Although this is the common form and appearance of chancre, we occasionally meet with them of a more malignant kind, of an irregular figure, with a livid coloured, sometimes black, cavity, and hard callous edges, spreading deep and wide. In some, I have seen them so rapid in their progress, as to destroy a great part of the glans penis, before the system could possibly be affected by mercury.

It certainly is one of the very nicest points connected with our profession, to ascertain the distinction between what is, and what is not, a venereal chancre. Men, in the habit of seeing many of these diseases (unless their time has been so much taken up, as not to admit of the possibility of thought), acquire, from experience a tolerably accurate knowledge of their appearance, but even they have sometimes been deceived.

In giving advice, therefore, to the young and inexperienced physician, how he may know chancre by any particular appearance, is extremely difficult. Owing to this circumstance, many who have had but few opportunities of examining the real nature of such complaints, have doubtless given mercury for an excoriation, while, on other occasions, many have burned a real chancre with caustic substances, till it actually healed, and left the disease in the system. This practice has, too often, been the prelude to those dreadful ravages which we frequently observe in those who have been affected and improperly cured. The best mark that I know, by which a chancre may be known, is the round pitted appearance which it assumes, as if it had been struck out by some instrument, and that thickening of the parts, which is always felt after its first appearance, while almost every excoriation or sore of a somewhat similar description, has a rugged and uneven aspect,



It certainly is of great importance to ascertain, whether the appearance of chancre is the first sign of the venereal virus having become active, and having communicated the disease to the person in whom it appears, or whether its appearance is a consequence of the system having been previously tainted, and, as in small pox, only appearing externally as a sign of the disease having pervaded the general system. I, at once, give a decided preference to the latter opinion, although I believe the first to be the most fashionable of the present day.

I have every reason to think, that the venereal matter, merely applied to any surface, may, immediately after its application, be washed off, or burned out, by the adoption of active measures; but, when it is taken up by vessels, the exact situation of which we cannot trace, and when it has laid seemingly in an inactive state, almost always several days, often for weeks, and then breaks out in the form of chancre, to consider it as a local disease, is downright madness.

I do not agree with those who think that a malignant chancre, must have been caused by a similar degree of malignity in the chancres of the person who is infected. The difference is obviously attributable to the peculiarity of constitution, to the prevailing state of health at the time of infection, and to habits of irregularity and intemperance; in this respect, it resembles the mildness or virulence of gonorrhœa. It is thus, that we have the disease mild or malignant, and were greater attention paid to such circumstances, in these, as well as other diseases, our reasonings respecting them, would be much more accurate.

Chancres in women are most frequently on the parts about the external orifice of the vagina, but sometimes, as in men, they appear on the external parts, and then the perinœum is their



usual seat. They also, as in men, are larger, and form scabs when they appear externally, but when otherwise situated, they are constantly moist, affording a plentiful discharge.

In women also, they are much less easily detected than in men. Females are liable to frequent excoriations of these parts, quite independently of venereal infection, and; unless buboes accompany them, they often deceive themselves for weeks or even months, and at length, even without taking internal remedies for their removal, by washes of various kinds, entirely remove them, and leave the disease in the system. It is particularly owing to this, that we so frequently find prostitutes most dreadfully affected with secondary symptoms, who even then, cannot be convinced that they ever had been affected with the local appearances of such complaints.

### *Of Phymosis and Paraphymosis.*

Phymosis is caused by a soft edematous swelling of the duplicature of the prepuce, or it may arise from inflammatory or from spasmodic action of the same part. It generally exists in consequence of venereal inflammation from chancre, and sometimes the inflammation running high, occasions considerable swelling. It may also appear in infants or children, without the existence of venereal infection. During phymosis, the prepuce is often so thickened, that it cannot be drawn back, but projects considerably before the glans, and often prevents that part of the penis from being seen.

Thus the particular nature of such chancres as exist during phymosis, cannot be properly examined or kept clean, and the matter discharged from them, not finding a free passage outward, accumulates behind the glans—ulceration of the



parts is the consequence, and the abscess usually bursts externally through the prepuce.

Paraphymosis arises from similar causes, and, when the prepuce is short, it is more apt to occur than phymosis. To constitute this disease, the prepuce slips behind the glans, the pressure it makes, increases the swelling, and consequently increases the malady. Paraphymosis, however, is almost always caused by spasmodic contraction alone, as we scarcely ever find the parts preternaturally enlarged during its existence. The glans of the penis is, indeed, sometimes considerably inflamed and enlarged, but this is entirely owing to the pressure behind forming paraphymosis. A return of the prepuce over the glans becomes at length impracticable, and, unless speedily relieved, terminates in mortification of the parts. Thus phymosis and paraphymosis, are the same complaint, in different situations.

In some habits, particularly those of a lax or scrofulous nature, when affected with lues venerea, sometimes early, at other times later in the disease, the prepuce becomes greatly distended with a fluid, probably serum, and thus forms a sort of anasarcaous tumor; the glans cannot be uncaped, and a phymosis is formed. It is remarkable, that this state of the parts, if allowed to take its own course, very frequently assumes the consistence of cartilage, as I have frequently removed it, without the slightest pain to the patient.

### *Of Bubo.*

I have stated that the first appearance of lues venerea, is commonly in the form of chancre, yet, even without such, from the morbid matter having produced no destruction of parts, I have frequently observed the first symptom which gave alarm, to

be buboes in the groin; and, although not so frequent, even inflammation and ulceration of the tonsils, eruptions in the skin, or pain and swelling of the bones, in various parts of the body.

That which constitutes bubo, is an inflammation of one or more of those glands, situated nearest the part to which the venereal virus was applied. They appear in the axilla, when the virus is applied to an abraded surface on the hand—in the neck, when it comes in contact with the mouth in the act of kissing—but they are commonly found in the groins, because the virus is most frequently applied to the genitals.

They have always been supposed to owe their origin, to the absorption of matter from chancre, or from a formerly ulcerated bubo. That they sometimes arise from this cause, is very possible, but it is evident, from the frequency of their occurrence after the application of caustic, or irritating substances of any kind, to chancres, that they often wholly exist in consequence of the application of such irritating substances. They also appear when, even from the minutest examination, no first infection can be found on any part of the penis. In this state, of course, bubo constitutes the first symptom, but, as arising from chancre, it can only be considered as a secondary symptom. A bubo, therefore, generally shows us, that the virus has proceeded so far into the system, from the point where it originally entered that system.

From the absence of every other symptom, we are obliged to judge of such buboes being of a venereal nature, from the patient having recently had connection of a suspicious nature, and from their proceeding to suppuration. This is, at all events, the safest conclusion we can draw.

That sympathetic buboes do exist, quite independently of any venereal cause, is certain, but when suppuration occurs in the inguinal glands,



while the venereal virus is actually in the system, we act properly, because we act safely, in considering them as strictly connected with, and, in almost every case, similar to the disease itself. A belief of every inguinal suppuration (which is by no means an uncommon mode of arguing) being strictly of a sympathetic kind, when its origin cannot be traced precisely to the effect of the venereal virus, quite independently of all other external or internal circumstances, has, I am sure, been productive of much mischief—certainly of, at least, as much as the too common custom of the day, of considering venereal eruptions as not at all, or at most but slightly, connected with that disease.

Young people are more apt to be affected with buboes, than old, in consequence of the activity of the lymphatic system. When, in old age, the skin shrinks, and becomes loose, these glands seem to have done their office, and become inert.

In the commencement of bubo, the groin feels stiff, which is soon succeeded by pain—swelling in general of only one gland, takes place, and, for several days, is moveable, and apparently confined to that gland alone. It soon diffuses itself, and often occupies considerable extent—the pain is greatly aggravated, with, in some instances, a sort of burning, and very disagreeable sensation in the part; it assumes a dark red, or rather purple appearance, and, in a longer or shorter time, suppurates, and bursts externally. Buboes in scrofulous habits, suppurate more slowly, than when no such affection is present.

Were the venereal virus weakened by being diffused throughout the system, the greater extent of surface which it occupied, and the longer it remained in that system, the easier would be its removal. But this is not the case, for the virus evidently possesses the power of self-propagation,



and thus, by its continuance in the system, it enlarges its sphere of action.

A gland once thus morbidly affected, does not, often for life, return to its former healthy size ; and therefore, although the enlargement of the inguinal glands points out constitutional affections, our prognosis must not wholly rest on them.

Although swelled testicle is most commonly an affection attending gonorrhœa, yet, in some instances, it accompanies lues venerea. In the latter, it is never so acute, as in the former ; because the surrounding parts seldom, if ever, inflame, and the affected testicle can be handled, without occasioning any considerable pain. Besides, it possesses a smooth surface, nor is it attended with stinging pains, which distinguish it from scirrhus of these glands.

### *Eruptions and Ulcers.*

The venereal eruption is seldom elevated above the skin. In some instances, it is much diffused, in irregular masses, and changes a great part of the skin to a tawney hue, but its most common seat is about the breast and shoulders. It often appears and disappears spontaneously, leaving marks behind it. This eruption, too, sometimes assumes a yellowish, or red appearance, of small distinct spots, while at other times they are very broad, and inclined to spread. Ulcerations sometimes appear on the head, among the hair, and prove very troublesome—these are most commonly on the forehead, and are known by the name of corona veneris. The palms of the hands, and soles of the feet, break out in clefts, which, yielding a disagreeable discharge, prove extremely troublesome. The corners of the mouth, and also of the nose, too, are by no means an uncommon seat of this affection.



Venereal sores may arise, either from venereal virus recently applied to the body, or they may appear at a future period—the venereal infection, in the interim, not producing symptoms marked conspicuously enough to excite much alarm. In the former, they most commonly appear on or about the external parts of generation—in the other, they more commonly appear on other parts of the body.

In the natural attempts of the system to expel all noxious and hurtful diseases, the venereal virus, after remaining various lengths of time in the habit, is thrown out upon the external parts. If not entirely removed, when in this form, it often remains for months, or even years, without doing much farther mischief. If, however, it still continues unchecked, it again proceeds to commit fresh ravages on the system, and that in a more extensive way than formerly. The internal parts, and organs nearly connected with existence, are now apt to be affected, and many instances of death might be adduced, which had solely been caused, either by neglect or bad treatment in the earlier stages of the complaint.

After the virus is absorbed into the habit, and all the sores, as first signs of the disease, have healed, the time of the appearance of constitutional symptoms, is extremely indefinite. In short, we must judge, not so much by the time the disease has existed in the system, as by the appearance of the sores themselves.

Thus secondary symptoms of improperly cured venereal complaints, appear at various periods of time, from a few weeks to the lapse of many years. In some the eruptions are purely cuticular—in others they appear in large blotches, seemingly deeper seated, and in some they assume the form of deep ill-conditioned ulcers.

We find, too, that while this disease remains

in the system, even although it produce no local symptom, the general health is almost always impaired, especially previous to its external appearance in the form of eruptions, ulcers, &c. There is an unaccountable languor and depression of spirits—prostration of strength—restless nights, pain in the various bones, or rather a sort of tightness, as if they were bound with a cord. Although about this period the bones are evidently affected, the pain is never so acute as in confirmed venereal affections principally affecting these parts. From the feeling of the patient, the pain about this time seems rather lodged about their external surface than in the body of the bone. Sleep yields neither comfort nor refreshment—a disagreeable sensation pervades the body, which is almost always accompanied by emaciation, and, not uncommonly, there is an indescribable alteration, of a very unpleasant nature, in the features of the face.

Venereal blotches, if not properly attended to, terminate in venereal ulcers, often of considerable depth, discharging ill-conditioned matter. These ulcers, however, often occur, although no blotch nor eruption preceded them, but merely by the parts becoming inflamed, bursting, and forming such sores, which are, in most instances, hollowed, and more or less filled with a spongy substance. Their discharge is thin and brown, and, when they appear over any bone, which they usually affect at the same time, the discharge is very foetid.

### *Sore Throat.*

From the appearance of these sores, there is often considerable difficulty in drawing an exact line of distinction, between ulceration of the tonsils and fauces, from venereal and common inflammation. Venereal ulceration in the throat, however, has a white appearance, as if a piece of



hog's lard had been placed on the surface, and is almost always much less inflamed than the other. Indeed, blotches or ulceration from this cause, on any other part of the body, are less inflamed than those which arise from common causes. These sores in the throat are also less painful—more foul, not easily cleaned by any kind of gargle, and the voice is also greatly altered—this last circumstance does not so often occur in cases of common inflammation of these parts. Much, however, must be known by the history of the complaint, previous to our administering mercury.

When this form of disease has continued for some time, the parts acquire a burning disagreeable sensation, even more unpleasant than pain. It not unfrequently affects different parts of the mouth—proceeds to the fauces, and then to the nose, and, whatever part of this organ is affected, there generally appears upon it a brown scab or crust, or the sores are very foul, and have thick edges. When the discharge becomes thin, brown, and foetid, we have reason to suspect that the contiguous bones are affected. Parts of these, such as the bones of the palate, are sometimes wholly affected. The disease then proceeds to attack the triangular bones of the nose, the spongy bones are separated, and the power of breathing, through the nose, becomes imperfect. The nose swells, is inflamed internally, and the eyes in general pour out a profusion of tears. A general wreck of the organ at length takes place—the spongy bones come entirely away—the septum falls off, and the cartilaginous parts, becoming almost flat with the face, the voice is completely changed, if not almost destroyed. Foul, ragged, and ugly ulcers appear on various parts of the cheeks, &c.—the teeth drop out, the breath is shockingly foetid, and the aspect altogether assumes a most horrible appearance.

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As inseparable from this subject, I shall make a few remarks on diseases resembling the venereal.

There is a doctrine now too prevalent, which I feel it incumbent on me to deprecate, especially as it leads to very bad consequences in practice. It is founded on the fact, that all sores which resemble syphilis, are not syphilitic.

This was well known to Wiseman, who says, “ \* I would not have any man rash in judging all ulcers to be venereal, that do resemble them ; for I have seen nurses with chapped nipples, and serpiginous ulcers on the breast, and maids likewise in the same condition, who have been cured without any respect to the lues. I have seen also many infants broken out about the lips, face, head, and body, with many suspicious pustulæ and ulcers, that were born of chaste parents.”

Mr. J. Hunter is of opinion, “ that there arise every day new diseases resembling syphilis.”

That syphilis, then, is exactly resembled by other diseases, is certain. On this subject, I am inclined to agree with Pearson,† who says, “ there is scarcely an appearance produced by lues venerea, which is peculiar and appropriate to that malady, and which has not occurred as a character of some other disease.”

It is of great importance to know this, as a pathological truth, particularly where our opinion may interest the welfare of families, but of late it has been urged to a very dangerous length, by Abernethy and others, who, I doubt not, allow people, at the risk of their lives, to labour under complaints which might be cured by mercury, from the idea that they are not venereal.

\* Lib. VIII. chap. 1. Of Lues Venerea, p. 4.

† Pearson, on Lues Venerea. Introduction, p. 3.



The principle on which Mr. Abernethy attempts to build his doctrine, is that the constitutional symptoms of lues venerea are progressive, and never disappear, without mercury; and some cases he has adduced having disappeared without medicine, these, consequently, and many more, he conjectured, could not be venereal. On such a truly important subject, this is but a flimsy method of proceeding, more calculated to amuse the imagination than inform the judgment. It seems much more likely that the few cases Mr. Abernethy has adduced, in which appearances of lues venerea existed, both recent and confirmed, had, by some partial alteration in the general system, from food, drink, exercise, or exposure to the weather, been lessened in their virulence for a time, than that, on the relation of these few cases, we should build a practical doctrine, which, being universally adopted, would certainly prove most extensively destructive to human life; and ultimately disgraceful to a profession the very nature of which teaches us to be merciful, and by no means to speculate on such evidently unsure ground, where the lives of our fellow creatures are so nearly concerned.

The mode of reasoning (if reasoning it can be called), employed by Abernethy, is conspicuously absurd. Although this gentleman allows, "that in some constitutions, the venereal disease may assume unusual characters, and be very difficult of cure,"—yet he says, "if mercury remove the disease *too speedily*!—then the disease is not venereal!!!" page 141.† "If mercury cure it slowly and permanently—then it is not venereal!!!" p. 141.

If the disease recurs after the use of mercury, and has only been checked by it—then it is not venereal!!! If mercury aggravate the disease—

† Essays, &c. See the Book.

then it is not venereal. If the disease continue for months uncured without mercury, and be at last cured when mercury is exhibited—then it is not venereal.

In page 143, he says, “in some later cases, when the disease has been long protracted, and the patient very anxious to get rid of it, I have given a little calomel for that purpose, but not so as to invalidate the opinion, that the disease was not syphilitic. Having waited, for instance, *four months!!* from the occurrence of the sore throat, with eruptions; and being certified, by the progress of the disorders, that they were not syphilitic, I have directed that one of the compound calomel pills, should be taken every second or third night, which generally disposes the sores in the throat to heal; but I have taken care to remit the use of this small quantity of mercury, if it seemed to heal the sores *too speedily!!!*\* for it seems to me better to let the disease exhaust itself!!! (AND THE PATIENT TOO!) than suddenly to cure it; as, in the latter case, it is very likely to return, &c.!!!” This appears to me most extraordinary practice, and equally extraordinary reasoning. Is it allowable, for a medical man to know what will cure his patient in a short time, and yet permit the disease to remain, that it may be ascertained whether it will disappear spontaneously? Have we a right to conclude, because a small quantity of mercury, in the form of calomel, speedily and unexpectedly removes the affection, that such affection is not venereal?

Are we again to revive the barbarous doctrine, of allowing *diseases to exhaust themselves!!!*; or to intermit the proper remedies, *lest the return of*

\* Let this be compared with the next extract, and it will be seen that the gentleman is only talking at random. We must conclude, that he practises similarly.



*health should injure the patient? !!!* I think the author, in the next edition of his pamphlet, should advise a fresh infection, that the disease may riot in the system with renovated violence, and have a fairer opportunity of *exhausting itself!!!* This, according to Mr. Abernethy's principle, would be leaving nothing undone, but would completely finish the business, and I am convinced would place the patient beyond the reach of further infection.

Let us compare Mr. Abernethy with himself, in page 157.—“ It follows, as a general rule of conduct, in practice, that surgeons are *not to confide in their powers of discrimination* ; but, in *all cases* of ulcers arising from impure intercourse, *to act as if the sore was venereal*—to give sufficient mercury, slightly to affect the constitution—to guard against the consequences of absorption ; and, by local and general means, to cure, *as quickly as possible,\** the local disease, and thus remove the source of contamination, and the necessity of the continuance of medicine ; this is, I believe, the general rule of practice, adopted by the best surgeons ; and it appears to me, in the present state of our knowledge of these diseases, to be judicious.” Yet, just before, Mr. Abernethy declares it is not adopted by him !! The second section of

\* Let this be compared with the preceding quotation. The public have rarely been troubled with such instances of glaring inconsistency, actual contradiction, and defective reasoning. I declare, that, on reading this paper, exhibiting Mr. Abernethy's reasoning and practice in venereal affections, I first imagined, that some person, with the intention of ruining his reputation, had borrowed his name—afterwards I conjectured, that he himself meant to satirize this particular branch of the profession ; and my astonishment was indescribable, when I found, not only that he was serious, but that I was blamed for pointing out his errors, by reviews, &c. on the sole ground, that Mr. Abernethy was a very modest good sort of a man, and, withal, high in the profession in London !!!

Mr. Abernethy's paper appears to me, with few exceptions, either unintelligible, or quite absurd.

Mr. Blair, too, has a singular mode of reasoning. Those cases which resisted mercury, and were afterwards cured by acids, &c. were not venereal.—Why? because the mercury did not cure them; and those cases which were cured by the acids alone, were not venereal—Why? because they were cured without the aid of mercury!!! On these principles, it is impossible for us ever to discover that any other substance than mercury can remove syphilis. An odd arrangement of nature!!! Gentlemen might indulge in their reveries unnoticed, if their influence were not detrimental, but when an attempt is made to erect such reveries into practical maxims, extremely destructive in their tendency, they cannot be too speedily nor too pointedly exposed. I have known many bad effects of the influence of these premature and dangerous maxims.

A gentleman (who had doubtless been under such treatment as the above), applied to me on account of a very slight excoriation on the inside of the prepuce, which he would not admit of being venereal, and he removed it, in a few days, by external mild applications. About a fortnight after, he consulted me again on account of his wife, who was now affected with many chancres and a large bubo in each groin. She was cured by mercury, and he also was at length convinced of the propriety of submitting to the same treatment.

A friend of mine related to me another interesting instance of the same kind.

A young gentleman had an excoriation, about the size of a sixpence, on the dorsum penis. As the gentleman confessed having exposed himself to infection, my friend advised him to use mercury internally, but an eminent practitioner pronounced it not to be dependent on pox—consequently it



was healed as a common excoriation. The gentleman was now under the necessity of going to the West-Indies, and, in six months after, without any new infection, he was severely attacked by secondary symptoms, pain in the bones, ulcers in the throat, &c. and was at last cured by a very tedious and distressing course of mercury, which, with the disease, nearly destroyed him. Yet, even here, the gentleman had not reached the *felicity* of allowing the disease *to exhaust itself!*

### *Nodes.*

Pains in different parts of the body, from a venereal cause, are, unless we are very attentive, extremely apt to be mistaken for those of another kind. In some, there is a degree of stiffness or tension of the parts, and, when they affect the great joints, such as the knees, there is, on moving them, a sort of crackling sensation distinctly felt, unattended by pain. In others, the pains are darting, and a throbbing sensation is felt in the part. Thus, in affecting some parts, the pains are mistaken for rheumatism, if about the joints, they are thought gouty, and in the loins, lumbago, &c.

On the approach of nodes, the periosteum seems first affected, and then the tendons. The disease, still continuing to make progress, pains of the greatest acuteness are felt darting through the bones themselves. The ligaments and tendons often suffer in a remarkable degree, as if indeed the parts were proceeding to suppuration, and there is at the same time produced on them a tumor, hard at first, but afterwards becoming soft, and containing a sort of glary mucus. The parts are exquisitely tender, particularly to the touch, and in time the tumor breaks, and degenerates into a foul and spreading ulcer. The commencement of



this affection, from its situation, is often mistaken for gout, and obstinately treated as such.

Although, from the beginning of the primary constitutional symptoms of this disease, it continues, though perhaps not visibly, to act on every part alike, it appears that nodes and caries of the bones are the latest symptoms. As the disease proceeds, pains in the bones become more fixed, increased in severity, and more constant, especially while the patient is in bed.

When a cylindrical bone is thus affected, the disease often occupies its whole extent, terminating only at each epiphysis of the bone. The diseased part is exquisitely tender to the touch, the periosteum is thickened, and the part, most violently affected, becomes slightly edematous. It, at length, inflames and ulcerates, and if the bone be not actually carious, one or more distinct nodes may be felt on it.

It is not an invariable occurrence, for nodes to cause ulceration of the affected parts, for although the bone is sometimes in a greater or less degree, carious, yet, with ordinary attention, nodes are entirely dissipated, without proceeding to such a pitch. I have met with such bad cases most frequently among the young and thoughtless, who too often, till their constitution be completely destroyed, act in every respect as if they were not composed of those frail materials, which, even under the most careful management, are soon reduced to a wreck.

The bones at the extremities, where they are less compact, often become gradually enlarged, yet the pain there is not so intense as in the harder bones; but it is not uncommon for ankylosis to be the consequence of such enlargement.

All the symptoms and appearances I have mentioned, as arising from lues venerea, are scarcely ever met with in the same patient at once;



yet, from peculiarity of constitution, treatment, &c. he is subject more or less to them, even from the very slightest to the most horrid mass of putrefaction and deformity which this disease is capable of assuming.

We sometimes meet with patients, who, without a single external appearance, or other symptom, are decidedly certain that they are affected with lues venerea. I have known this delusion withstand even four courses of mercury, and the patient continue in perpetual misery, in the dread of losing his nose, or becoming otherwise maimed or disfigured, in consequence of this supposed state of his body. No reasoning has any effect with such persons, and their physician is deemed skilful, or otherwise, just in proportion to the belief he expresses in their assertions.

### *Late Symptoms.*

Various symptoms of lues venerea occur for the most part late in the disease, such as blindness, when one or more of the humours of the eye become diseased. Indeed, the eyes, in these advanced cases, often become greatly affected—the eyelids are thickened, itching, and even ulcerous—the eye discharges a thin acrid fluid—the cornea becomes opaque—even the humours are vitiated, and vision is consequently destroyed. The ears too are affected with a hissing noise, and deafness, when the eustachian tube is partly obliterated, and sometimes also when the bones of the internal ear become diseased and separate—all the internal parts suffer violent pains—the small bones become carious—a foetid discharge proceeds from them, and this precedes total deafness. The skin, too, of the palms of the hands and soles of the feet often break, producing painful and very troublesome sores—but the most distressing of all, is a

sort of hectic fever, which wastes the body, and from which many have died.

Falling off of the hair does not seem a symptom peculiar to lues venerea, although it is sometimes an attendant on that disease. From various circumstances, however, we may be enabled to judge of the connection of this symptom with lues, but we must be careful if the patient has been under a long course of mercury, as, from that alone this symptom may be adduced.

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## CHAP. IV.

### TREATMENT OF LUES VENEREA.

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#### *General Observations.*

THERE are certain habits in which lues venerea is not only extremely difficult of cure, but even incapable of being thoroughly removed by the most careful administration of mercury. In such truly unfortunate instances, mercury, in whatever quantity or form we may use it, or whatever attention we give to its administration, seems, at best, only to blunt the violence of the disease, but fails in completely destroying it. Thus, after the patient has ceased to use this substance, the disease, in one or other form, recurs, and although it may be thus frequently checked, is never completely destroyed.

#### *Prevention.*

Although preventives of venereal infection are not much to be relied on, yet, in the form of the



various washes they may be used, and perhaps sometimes with advantage. As promoting cleanliness, the use of them is at all times commendable.

If any benefit is derived from them, they must be of such a nature as to mix with and wash off the infecting matter, and, as alkaline substances answer this purpose best, they ought to be preferred. Thus, soap and water, or a solution of vegetable alkali, are perhaps those from which the greatest benefit will be experienced. For the above purpose, ardent spirits and turpentine have been much used, but I cannot see how these can at all be compared in utility with those of an alkaline nature, because they are incapable of mixing with and washing off animal matter.

### *Chancres.*

No occupation, profession, or any thing else, ought to prevent us devoting all our attention to the removal of this disease, however slight, the moment we have ascertained its existence. The many instances of its having disappeared, when in the form of chancre, from external applications, yet still remaining for years in the system, without apparently producing any material alteration, till it broke out with all the dreadful, and often destructive appearances peculiar to secondary symptoms, ought to be esteemed powerful inducements in making us devote all our attention to its entire removal when in a more simple form.

The cure of lues venerea is more or less easily effected, according to the structure of the parts in a diseased state. We almost uniformly find, that while the affection is recent, and in the form of chancre, it is removed with the greatest ease and rapidity. In short, when the disease exists in the soft parts in general, it is more easily eradicated than after it has affected the bones.

Mr. Hunter, however, has advanced an opinion directly the reverse of this. Mr. Hunter certainly was a man of most capacious mind, and generally an accurate observer, still we occasionally find him making random assertions as far from the truth as this. Indeed it is truly astonishing that such a man should have made so many practically useful observations, and so many which are entirely impracticable. There perhaps never was a man who went more completely into extremes in this respect, than he, and as a proof how far any assertion will be attended to when made by a man whose name stands high in the world, we frequently find men attempting to reconcile his contradictions, who might have employed their time much more usefully.

When eruptions or sores break out on any part of the penis, often continuing from time to time for months, which, in some measure resemble chancres, but which, from various circumstances, *we know cannot* be that disease, the treatment I usually employ with success, is to burn them once each day, for two, three, or more days, with some caustic substance, and, on leaving that off, to apply a piece of charpee, dipt in Florence oil, for a few days more. This seldom fails of effecting a complete cure. We ought, previous to such burning, accurately to ascertain whether or not they really are or are not chancres.

As chancres exist not merely in consequence of an affection of the part on which they appear, but only as an external symptom of disease of the general habit, the application of caustic substances, of any sort, for their removal, is at least useless, if not highly prejudicial. The very attempt to heal chancre by escarotic applications, is fraught with the greatest risk, if not perhaps with danger. We know that, in small-pox, the minuteness of the fluid, which is fully sufficient to infect the whole body is inconceivably small, and undoubtedly, as in that instance, lues venerea affects the system



with an equally small quantity of fluid matter, and also with considerable rapidity. We, therefore, have good reason to believe that such substance as caustic, immediately applied to the infected spot, though it may heal it externally, cannot possibly produce any effect on the disease itself, which has already made its way into the system. Considering the comparatively trifling harm which a well managed course of mercury, for probably not more than three weeks at most, will produce, no reasonable being should ever run the risk of burying such a tremendous disease in the system, which certainly would break out at some future period.

In support of the propriety of applying external escharotics, &c. to a venereal sore, it has been stated that mercury, without them, always effects the cure in a more tedious manner, and that even, in some patients, although administered for many weeks, it entirely fails of healing them without such applications. I grant that chancre may be more speedily healed, when external escharotics are applied, than without them, yet we can by no means be satisfied, under these circumstances, that we have cured the disease, but twenty to one, we have locked it up in the system. I should wish to know from those who support such opinions, and who consequently practise upon them, what the particular nature of the action of external applications is on the venereal virus. Mr. B. Bell informs us, in p. 318 of his second volume on Venereal Complaints, that "the internal exhibition of mercury alone will not always cure chancres. I have known," says he, "a person kept under the complete effect of mercury for many weeks, and the chancres for which it was prescribed, remain nearly in the same state as at first; nay, in different instances where this practice was pursued, and in which the cure was trusted to mercury alone, although the remedy was continued in all of them

for six or seven weeks, and under the best management, as the chancres did not heal, the mercury was laid aside, on the supposition of the constitution being rendered safe; but although in all of them, the sores were soon cured by the application of caustic, red precipitate, or some other escharotic, in several, symptoms of pox appeared in the course of a few weeks; in some with ulcers in the throats, and in others with blotches on the skin."

Such cases must have occurred in every one's practice extensively connected with that branch of the profession, but surely we can never build a general and infallible doctrine upon them: besides, in these cases, the chancres had assumed that sort of diseased action which, before they could heal, rendered the destruction of that state of disease, by external means, absolutely necessary. Had it done any thing else, why did the disease recur, as mentioned by Mr. Bell? It is then very plain, in the above rare occurrence, that, by a little longer perseverance in the use of mercury, and when the inflammatory disposition of the chancre had been in some measure removed, so that such application did not run any risk of occasioning buboes, the combination of mercury internally, with the external application of caustic substances, would have at length entirely completed the cure. I repeat, that, from such occasional occurrences, we must not, unless we expect to work much mischief, form any general rule of practice. The application of caustic substances in chancres is at all times uncertain, and often hazardous, and must never be used; but when, from certain changes in their appearance, the medical attendant judges them necessary and proper.

When such applications are made early in the disease, or during its most inflammatory stage, buboes in the groin are almost always the conse-



quence, and if, by such applications, the external sore be healed, we have no proof that the disease has been destroyed in the system, even should no such consequences be produced. If such practice be at all allowable, it is only after a sufficient quantity of mercury has been taken to destroy the venereal virus, and when the sore has assumed a hardness, or indolence about the edges, during the existence of which no sore can heal, till such a callous state be removed by caustic, the knife, or some other equally effectual means.

It is from the existence of such an indolent state of the parts that the system, either by its own powers, or under the influence of internal medicines, although capable of throwing off the morbid systematic action, may be as completely prevented from healing, as if the whole system was still in a state of morbid action; and this condition of the parts acts somewhat similarly to the introduction of a foreign substance between the edges of any ulcerated surface.

It is here, as in various other cases, that accurate discrimination is more useful than the most patient labour, and incessant toil.

When it can be proved, (which I believe any one will find some difficulty in doing,) that chancre is the *first* effect of venereal infection, and that, from it, the general constitution is contaminated, then external escharotics, may, with propriety, in a great proportion of cases be, on its first appearance, alone, or in combination with mercury, depended on, for its removal. But, when we reflect that chancres are only the *effect* of the constitutional disease, that, in some, they appear in a few days, in others, not for several weeks, we shall at once see the danger of trusting to these external escharotics, at least till the constitutional disease has been subdued.

Could those who argue in favour of the appearance of chancres being the *first sign* of the venereal



virus affecting the system, and who practise accordingly, rather than an *effect of its more extended action*, could they prove to us, by any mark or sign, the exact period when external escarotics, for instance, might alone be successful in destroying the infection, or what the venereal virus had been doing from the moment of impure intercourse till it appeared in the form of chancre, and demonstrate that the infecting matter, during that time, had never penetrated beyond the skin, and consequently that, during that interval, the constitution was not at all affected, then their opinions might have some weight; but, when we hear this important part of the subject treated in the most general, unphilosophical, and unsupported way, and by assertions, rather than by facts or arguments, and when we also find one author echoing another, according to the particular respect he may have had for his private character, or his professional abilities, without his even attempting to give any specific reason for his conduct, we are bound, as servants of the public, to doubt his assertions, however high he may stand in professional estimation.

Not only from what I have actually witnessed, but from what I know of the practice of those who invariably adopt this uncertain and unsafe mode of removing chancres, merely because some great man or other had advised it, and because they themselves had seen it repeatedly succeed without producing *immediately* bad effects, I am sure that much future misery has been occasioned. Such vague and unsatisfactory advice, therefore, I conceive to be injurious in perhaps three-fourths of all the cases treated in such a manner. The first effects of such proceedings, the production of buboes, &c. are certainly bad, but the after consequences are dreadful. There is no disease which can at once entail such deformity, and render the



sufferer so completely miserable, as an imperfectly cured or improperly treated pox. Death itself would be enviable, compared to what some are thus doomed to endure ; and what renders the horror of their situation beyond either description or comparison is, that their mental faculties, at least till a very advanced period of the disease, almost always preserve their former vigour, and they are consequently alive to all their accumulated and constantly accumulating wretchedness.

It is very evident that the application of escharotic substances to chancres, is, unless in the very protracted stages, when we are sure the virus is destroyed, a very hazardous practice, and unless under the immediate observation of one who from unbiassed observation, ought to know the absolute necessity of such measures, from certain appearances of the sore, it ought never to be attempted.

Very ingenious arguments have been adduced in favour of external applications, to cure the chancre, being assiduously applied at the same time with the internal use of mercury, but, from extensive opportunities of observation, I decidedly object to them, chancres being the *effect*, not the *cause* of absorption. The advantages (for we may sometimes succeed in this way,) which may be derived from such practice, in healing the chancre more speedily, are not at all to be compared with the chances of such treatment either immediately causing buboes, or in deceiving us by healing the parts before the venereal virus be destroyed, and thereby rendering the chances of secondary symptoms more certain. The best external application is, merely to keep the parts clean.

Mr. Hunter enters into a train of visionary and hypothetical reasoning, respecting the absorption from chancre—he even, with mathematical pre-

cision, (after reducing the human body to a similar state with a chemist's crucible) measures the exact quantity of mercury necessary to check this supposed absorption, when unassisted by external escharotics, and the smaller quantity of mercury necessary to effect the same purpose, when escharotics are used; but all these speculations must fall before positive fact, and I unhesitatingly assert that I have seen hundreds of facts, each of which would entirely overturn Mr. Hunter's notions on this subject. Besides the immediate great inconvenience of applying caustic substances to recent chancres, is proved by the following passage from Mr. Benjamin Bell's second volume on Venereal Complaints. (page 322.) "Of twenty patients who occurred with incipient chancres, in ten they were destroyed by immediate and effectual application of lunar caustic. Of the other ten, five were dressed with the blue mercurial ointment, and five with common wax ointment. The sores to which the caustic were applied, healed much sooner than the others, and next to these the sores that were dressed with mercurial ointment. But of the ten patients to whom caustic was applied, *no less than eight had buboes, while only one bubo occurred in all the others, and it happened to one of the patients whose chancre had been dressed with mercury.*" Mr. Bell then relates the success of the same application where the patients had been previously saturated with mercury. The success of it of course was much greater than that mentioned above, solely because the system was charged with mercury, and consequently the virus was more or less blunted in its virulence; still, however, buboes were produced by it.

In page 325, Mr. Bell further observes, that "in most instances, buboes produced in this manner begin to form in the course of a day or two, *after caustic has been applied*; in some cases even sooner." It is strange, after this, to find, that,



although Mr. Bell informs us that he always uses mercury several days before the application of the caustic, he does not lay down any precautions in what he calls slight cases: indeed, throughout his book, he seems to treat them with escarotic washes from the commencement. We all know, that what may appear to one a slight case, may, to another, be very serious, of course, from this vague way of treating the subject, nothing can be learned; and much mischief may be wrought. Mr. Bell found escarotics injurious, in so far as they occasioned buboes, and yet, in his practice, he takes no advantage even of his own observations, from his own experiments. It is well, for the instruction of those, who dare to think for themselves, that he has so precisely stated the facts as they occurred to him. I am confidently of opinion that, comparing the chances of absorption from chancre, and its bad effects, with the effects of escarotic applications—in the first, there is not one danger to twenty from the latter practice. Another advantage, also, and that an important one, which is derived from dressing chancres, or even other sores upon the penis, with the very mildest, instead of the most irritating applications, is, that we shall be less in doubt, from such treatment, of soon ascertaining *their real nature*. Many sores on these parts, not at all venereal, have been treated as such, and long debilitating courses of mercury given, without benefit, for their removal. Our want of a proper knowledge of the specific and invariable marks of a venereal chancre, has been partly the cause of this, and partly the escarotic washes and other applications given for its removal, which often irritated the sore, and made it worse. Simple dressings would have prevented one of these causes of deception, while the rapid spreading of the sore, till mercury was applied, would have prevented the other.

Mr. Hunter, in page 240, very correctly observes, "In every case of chancre, let it be ever so slight, mercury should be given internally; even in those cases where they were destroyed on their first appearance. It should in all cases be given the whole time of the cure, and continue for some time after the chancres are healed; for, as there are perhaps few chancres without absorption of matter, it becomes absolutely necessary to give mercury to act internally, in order to hinder the venereal disposition from forming." Thus he is again jumbling good and bad together!

Ointments of various kinds are, by some, applied to chancres, either that their emollient qualities may keep the sore soft and easy, or that, by the absorption of part of their active principle, such as is expected from mercurial ointment, they will tend to heal the sore in the most effectual and safe way.

That ointments of different kinds are possessed of emollient, and, in such cases, useful qualities, no one will doubt, but that they are, from the hardness imparted to them by the wax, of which they are formed, a good deal deprived of that quality, at least when compared with mild oil, is certain; therefore, in respect to their comparative emollient qualities, there can be no similarity. That mercurial ointment *thus* applied, is totally useless as a specific, from the impossibility of its being absorbed in sufficient quantity, is too evident to require refutation. To produce its beneficial effects, it must be applied more generally, and in greater quantity. Thus, not by its immediate action on the chancre, but by its general action on the system, it destroys the disposition to the continuance and propagation of venereal infection. Indeed mercurial ointment applied to chancre can produce its effects only as an escharotic, and not by its being absorbed.



When the parts around chancres inflame and swell, which inflammation and swelling acts nearly on a similar principle with the external application of caustic, we must endeavour to subdue this, and therefore it is proper to avoid all exertion or exercise likely to render such action worse; as, in such, unless attention be strictly paid to them, buboes will most likely be the consequence. Rest therefore, while the mercurial course is persevered in, and the abstraction of blood by leeches, with the after application of large poultices over the penis, is of the greatest benefit.

Although, except from improper management, inflammation of the penis from chancres seldom becomes alarming, yet, in some instances, it does so, and requires not only general blood letting, but blood repeatedly drawn from the part by leeches, and, after this, the free administration of bark, to prevent even mortification. I have seen cases where the most violent inflammation, from the commencement, existed, and ulceration running under the skin to a considerable extent. In such cases, bark, acids and mercury, ought all to be employed with great assiduity.

There are chancres which, from their first appearance, make uncommonly rapid progress. They are in general of a livid colour, assume a sloughing aspect, and are deep and irregular in their form. The prepuce too, is often hard and thickened, the glans red and hard, a profuse and foetid discharge issues from the sebaceous glands, and the chancres discharge blood and dark-coloured matter. These must be treated with the greatest possible activity, as every circumstance connected with them demands our prompt and utmost exertion. A feverish state of the body not unusually attends them, rendering the patient's existence extremely miserable, and this, till the system be affected by mercury, must go on. Thus, in such



cases, during the exhibition of mercury, in every possible way, both in the form of pill and ointment, the affected part ought to be frequently bathed with laudanum, or spirit of wine. Poultices too should be alternately made with one or other of these liquids, to which may be added a proportion of bark or rhubarb, constantly applied to the affected parts. If the prepuce be enlarged to such a degree, as not to admit of being drawn back, so as to expose the ulcerated parts to the action of these liquids or poultices, one or other of the liquids should be frequently thrown *under* the prepuce by means of a syringe. If we cannot arrest the progress of the disease, and, from the above circumstance, we cannot examine it, we ought at once to divide the prepuce, as we would in the cure for phymosis, so that a proper examination of the glans may be made. We at all times find, that under such rapidly increasing forms of the disease, laudanum or spirit of wine greatly assist in preventing the progress of sphacelation, at least till the mercury affects the system, when it is generally arrested.

In some cases, during the most active treatment, this state of the parts has supervened, and part of the penis has dropt off, within a day or two from the time this violent action began. When, under these circumstances, the large blood-vessels of the penis are corroded, the case is particularly distressing, as the vessels cannot be secured by ligature. We must therefore introduce a tube sufficient length into the urethra, and afterward apply pressure over the course of the ruptured vessel.

When a chancre, however, shows some disposition to heal, it is a common occurrence, particularly at every dressing, for it to appear red and healthy, and not unfrequently to bleed profusely.



The contrary, as just stated, is the case in those chancres which penetrate the body of the penis to a considerable depth. In the first instance, the bleeding arises from the diseased parts having sloughed off, exposing the very minute blood-vessels immediately under them, while in the latter, the bleeding takes place from extensive ulcerations destroying the larger branches of the neighbouring blood-vessels. I have, in two cases of the last mentioned sort, been absolutely under the necessity of inclosing a part of the cavernous portion of the penis in a ligature, the bleeding vessel having shrunk into its substance so far, that without this I could not stop the hemorrhage.

The cure of chancres is similar in both sexes, only, as the dressings in women can with greater difficulty be secured, it becomes necessary to renew them several times in the course of the day, and to wash the parts very frequently; and should such chancres extend into the vagina, the sides should be prevented adhering by the introduction of lint.

### *Phymosis and Paraphymosis.*

Our treatment of phymosis and paraphymosis are in most instances similar. In slight cases warm emollient applications, ointments, oils, &c. often effect a cure. When the parts are somewhat relaxed by these means, we must, in phymosis, be very cautious in drawing back the prepuce, lest it should thus be converted into paraphymosis. But in bringing forward the prepuce, in paraphymosis, we have no reason to apprehend any risk. When these diseases become more complicated, when in phymosis there are chancres underneath the prepuce, and when emollient applications have but little or no effect in relieving the stricture, we must be careful to prevent adhesions between the glans

and prepuce, by frequently and slightly moving the prepuce on the glans, by washing the parts with milk and water by means of a syringe, or by introducing a probe or bougie between the prepuce and glans, and by running it all round destroy any adhesions which may be forming.

When paraphymosis is not very severe, several small cuts made in the longitudinal direction of the penis, all round the strictured parts, often enables us to bring the prepuce to its natural situation, or the same effect may be obtained by emptying the vessels of the glans penis, by continued but gentle pressure with the fingers: but such plans only lose time in severer cases. It is then that the proper operation must be performed. When, therefore, we resolve on performing the operation, we should lay the prepuce open in one or more parts, according to the inveteracy of the affection, and where paraphymosis is so violent, as in a great measure to stop the circulation of blood in the penis, and thereby induce mortification, we must lose no time in relieving the strictured portion by also dividing it.

The best parts to make these incisions are along the sides of the penis, but, unless the urgency of the symptoms require it, we ought first to adopt every kind of external application, and should inflammation run high, either in the parts, or in the general system, we ought to take away some blood by leeches, or even from the arm, by means of the lancet. The instruments I use for both these purposes, are a small sharp-pointed knife gently curved, or a pair of very sharp slender scissars. The knife, in phymosis, is introduced under the prepuce, its point thrust through it, exactly at the spot which we wish to make the extent of our incision, and it is then drawn forward with sufficient force to cut the intervening parts. If the scissars be preferred, one side of



them is introduced under the prepuce, and, by their blades being brought together, the intervening parts are cut. The parts are then to be kept from adhering by the introduction of a pledget of lint between the prepuce and glans. The same instruments may be used in the removal of paraphimosis, by the point of one or the other of them, being introduced quite under the strictured part, which may thus be divided. In both operations, the parts should be allowed to bleed freely.

The prepuce may thus either be brought over the glans, provided chancres exist, and are not very bad; but if this objection be present, or if there be any likelihood of phymosis being afterward formed, it will be preferable only to perform the operation, and the stricture thus relieved, will allow the prepuce to remain where it was till the cure of all the symptoms be completed.

When phymosis has continued very violently for a considerable length of time, more or less, of the prepuce sometimes assumes a sort of cartilaginous consistence. Several of these cases have come under my observation; and I have found that the common operation, by incision, for the removal of phymosis, has no effect; the parts thus diseased must be entirely removed, and great care taken to prevent the cicatrix from again contracting, and reproducing the disease.

Where the prepuce becomes distended with a sort of watery fluid, if the affection be slight, puncturing it with a broad shouldered lancet, followed by the application of pressure, sometimes removes it. In this state, soaking the parts in any kind of strong ardent spirits, is of great service. When this does not succeed, we should not lose time (owing to the disposition of the parts to assume a cartilaginous consistence), but instantly perform the common operation for phymosis. Under these circumstances, the entire removal of

the prepuce is the most advisable, particularly if, from the other means, it has been removed, and shows a disposition to recur.

### *Bubo.*

In addition to the chances a patient runs, of having buboes produced in consequence of the application of escarotic substances to chancres, he, in dread of this affection, frequently applies pressure with his fingers to one or both groins, to ascertain if swelling of the glands really exists. By these means he almost invariably produces a bubo, which, but for such pressure, to the common site of them, he might have entirely avoided.

On the very first appearance of buboes, or even an uneasy stiffness in the groin, we ought, in every case, to use the most active means for their discussion. The system must be fully charged with mercury, while leeches and cooling applications ought instantly to be applied for this purpose to the affected part. When, by a continuance of this practice, we reduce the bubo, though perhaps scarcely to its natural size, and entirely remove the pain, and consequently the inflammation, we have, so far, effected our purpose.

The application of leeches, so indispensably necessary for this purpose, seem to have been almost entirely neglected, even by the most respectable authors who have written on venereal complaints. Under such an omission, I am not at all astonished at the great proportion of buboes, even independently of the strictest attention to the administration of mercury, proceeding to suppuration; and while an open, extensive, and generally ill-conditioned sore is thus unnecessarily occasioned, the deformity which the part is subjected to, during every after period of life, is extremely unpleasant.



In most cases of bubo, the patient, if otherwise convenient for him, may rub in the ointment himself, but if the bubo be very painful, or likely to suppurate, independently of every exertion we can make to prevent it, he ought not, on any account, to use the exertion necessary for rubbing in the ointment: he ought to employ some other person to do this for him, whose hand, to prevent absorption, must be covered with the bladder of some animal. Many buboes suppurate, when the patient uses the exertion of rubbing in the ointment himself, which, but for that, might have been discussed.

The custom of rubbing mercurial ointment immediately on the surface of the bubo, is extremely prejudicial. They reason, that the absorption thus caused into the very part affected must resolve the tumor; but they overlook the very bad effects of the mechanical irritation thus produced on the part already much inflamed, which, in almost every case where much practice is adopted, terminates in suppuration.

When a bubo, while suppurating, produces no great pain, and when, independently of every attempt to discuss it, it proceeds to that state, we act properly by allowing it to burst, in preference to opening it with an instrument; but if the pain be very great, the matter deep seated, and not likely soon to arrive at the surface, we are justified in laying it open. Buboes, however, when opened, do not heal so kindly as when allowed to burst of themselves. We must, therefore, compare the advantages with the existing circumstances, and either open them, or allow them to burst, as these circumstances seem most urgent.

Unless the pain be very great, I always prefer the application of warm poultices, that the bubo may burst of itself; the skin then being thin, and, in a great measure, insensible, we can,

without occasioning much pain, enlarge our incision to any necessary extent. But if we have resolved to lay open the tumor, this operation may be performed either with a lancet, sharp pointed bistoury, or caustic. I prefer the former, as it is more quickly done, and there is no unnecessary loss of parts. These methods of operating, however, must be greatly regulated by the timidity or resolution of the patient.

To prevent collections of matter, our incision ought always to extend to the most depending part of the tumor; and, till the irritation occasioned by the operation has, in some degree, subsided, the sore ought to be washed with milk and water, or some other mild liquid, by means of a syringe. The parts sometimes become indolent, and it is then necessary to inject into the sore a quantity of diluted laudanum, or even laudanum by itself, or to dress it with strong stimulating ointment. This treatment generally hastens the cure remarkably.

When, however, a bubo either bursts, or is opened by an instrument, it usually, in a week or two, assumes a healthy appearance, and granulations spring up from the whole ulcerated surface, and terminate when they arrive on a level with the healthy skin. In some cases, particularly in weakly or scrofulous habits, the sores, instead of assuming the wished-for healthy appearance, become of a purple colour, with inverted or thickened edges, sinuses of various depth and extent are formed, and instances are on record where no attention could arrest such ravages, and the patient became hectic and died.

In certain habits (not unfrequently in such as I have now alluded to), much irritation continues after a bubo has been opened, and often occasions extreme distress, depriving the patient even of his natural rest. In such cases, opiates internally,



and laudanum externally, are of great service; bark also is useful. Laudanum thus externally applied, occasions at first considerable pain, but that soon ceases, and the comfort afterwards experienced from this application, will make even the most timorous willing to submit to it. In addition to these, or rather in milder cases, they are most successfully treated with warm poultices. For this purpose, bread and water boiled is very good, certainly preferable to milk, which is apt to become very soon offensive to the smell; but turnips, or, in preference to that, carrots made into a poultice, answers our purpose well; hemlock poultices are also very useful. The irritation soon abates, and the matter which, during that irritable state, was thin and of a brown colour, becomes of a more healthy appearance, and the sore rapidly heals.

Sometimes, when a bubo has nearly healed, it continues stationary, and a trifling sore will remain for weeks or even months, which, as it is not particularly distressing to the patient, he is apt to overlook. When this is not removed, it often, in process of time, assumes a more unpleasant appearance, which may, at all times, be prevented by the application of any caustic substance to it once every two or three days for a week or two. In those extensive ulcers, which succeed buboes, when we are convinced that the venereal virus has been entirely destroyed, I never have much difficulty in curing them, by the internal use of *tinct. lyttæ*.\*

In indolent buboes, which, in particular states of constitution, are so perplexing to the medical attendant, and tedious to the patient, no generally understood plan of treatment seems to be followed. In consequence of this, I have known

\* See the subjoined Essay on Ulcers, &c.

them swell to an amazing size, even without occasioning much pain to the patient. Independently of the most rigorous application of mercury, in every form, both externally and internally, I have also known them remain for many months, without either suffering the slightest diminution in their size, or seeming disposed to proceed to suppuration. During the application of these remedies, the strength of the patient sunk very rapidly, and, by obstinately persevering in this way, the most robust constitutions have been at length irreparably ruined. Under this treatment, I have known these buboes break, by a very small opening, and a clear watery matter was discharged, but without any reduction in the size of the bubo, which proved for many months extremely distressing.

The treatment most decidedly useful, is slightly to affect the system by some of the preparations of mercury, repeated application of blisters to the part, perhaps one every three days, and, in the interim, a warm poultice, either reduced them entirely, or speedily brought them to suppuration. In other instances, I have found the alternate application of a sinapism and warm poultice, repeated for several days, answer a similar purpose.

All sympathetic buboes, appearing during the existence of chancre, &c. ought, for the safety of the patient, to be treated as venereal. If in this plan we err, we do it on the safe side; for certainly there can be no comparison between the effects arising from a well managed course of mercury, even unnecessarily taken, and the dreadful consequences of having, by other means, only destroyed the disease in appearance, which might, at any future period, break out with redoubled violence.

In advanced cases, one or both testicles some-



times swell very considerably. In some instances, they even become schirrous, the spermatic chord is thickened, and various ill-conditioned ulcers break out on the scrotum.

*Eruptions, Ulcers, &c.*

The common and pernicious custom of asserting that the longer diseases remain in the system, they tend to their own destruction, has been carried to a great height in lues venerea. Early in life, I adopted this opinion, in common with others; but, from the frequent disappointments I met with in attempting to imitate the statements of authors, by curing secondary symptoms in one, two, or three weeks, at length compelled me to doubt the possibility of it. From actual observation, I am now of a directly contrary opinion, conceiving that, in most cases, the longer the disease continues in the system, and the more extensive are its ravages, the more difficult and tedious is its removal. There may be some few exceptions to this, but these must be very few, and can by no means establish a general practical doctrine.

It ought to be particularly attended to, that venereal eruptions, blotches, and ulcers, are different in appearance as well as situation. When we have ascertained their existence to depend on such a cause, which is sometimes not easily done, our plan of treatment is attended with little difficulty, for on whatever part of the body they may appear, it is commonly only necessary to impregnate the system with one or other of the preparations of mercury externally or internally applied, according to existing circumstances, in order to effect their entire removal. Independently of this, if they remain stationary and even become worse, provided we are sure they are not caused by the mercury, we must, to the above means, add external astringent washes,

and caustic substances, and even the removal of some parts by the scalpel is often of the greatest benefit in facilitating the cure.

The venereal virus may often be completely destroyed, although blotches or ulcers, caused by it, remain seemingly as before. During such appearances, it is not always necessary to continue the mercurial course till they perfectly heal; yet, from our want of a precise knowledge of certain appearances which probably are peculiar to venereal ulcers, we are, in many instances, at a loss in this particular part of our practice. The judgment of the medical attendant here has its most decisive trial, and, according as the result of his opinions and practice, is attended with success or otherwise, his judgment is to be valued and preferred to others of the same profession. This is the standard by which all professional men ought to be judged, and reputation, instead of being bequeathed from father to son, and from master to apprentice, ought only to be the reward of industry, of perseverance, and of success. We must, in such cases, be greatly influenced in our proceedings by the general health of the patient in other respects, the changes the ulcers have undergone during the use of mercury, and length of time the course has been continued. With regard to their not being greatly altered in their appearance, we know, that indurated or scirrhus glands, nodes, &c. from a similar cause, often remain, for life, as large as before the exhibition of mercury, and yet are perfectly harmless.

The first effect of mercury on a venereal ulcer, is to render it somewhat cleaner. This change occurs at very different periods in different individuals, but in all, when once the parts have become cleaner, the cure generally proceeds rapidly.

In every venereal sore, blotch, or eruption, mercury must be pushed as long as they continue to



heal under it, and even two or three weeks after they have entirely disappeared. If, during its exhibition, these ulcers, blotches, or eruptions, after assuming a healthy appearance, become worse, and spread farther, or if the healing process be altogether arrested, we may be assured that the venereal disease does not *now* prevail in the system, and we must instantly leave off the mercury, lest badly conditioned mercurial ulcers, &c. be formed. Under these circumstances, with such surgical aid as may be necessary, we then find change of air, and as much of the nourishing principle of animal food as the stomach can easily bear, must be substituted, with bark, wine, &c. and it is seldom necessary again to have recourse to mercury.

Medical men, in general, do not pay sufficient attention to those changes which venereal sores undergo during the treatment adopted for their removal, though, in practice, such attention is of the utmost importance. From this neglect, many complaints, purely venereal, have been deemed otherwise, and many, with not a vestige of that disease about them, have been treated on the principle that the venereal virus still existed in the system. At an early period of life, before practical knowledge had entitled me to judge of these matters, I witnessed a case of the last description, for the success of which I felt myself deeply concerned. The patient, from an almost constant repetition of venereal complaints, had been in the habit of using mercury for about two years. At the end of that period, he still found it necessary to continue the occasional use of the same medicine. The state of his complaints, at this time, were in the form of chancres and buboes, and he had, within the two preceding years, been affected with ulcerated throat, nodes on the bones, &c. For the removal of the chancres and buboes, he now used mercury externally and in-

ternally, with cooling applications and leeches to his groin. They gave momentary relief, but his former symptoms of sore throat, nodes, &c. recurred. He persevered in the use of a variety of the preparations of mercury, till, at the end of six months from the attack of the last symptoms of his complaints, he could take, without more than slightly affecting his mouth, twelve mercurial pills daily, and use by friction nearly an ounce of the strongest mercurial ointment. He still continued to increase the quantity of medicine, which he was induced to do, from having consulted those medical men, who at the time, were deemed the most celebrated in that line, at Edinburgh, where he resided. In six months more, he was emaciated to a great degree, and had then advanced the doses of the mercury to eighteen pills daily, and also used one ounce and a half of the strongest mercurial ointment. His medical men at length entirely deserted him, unless from time to time to call and desire him to continue the mercury, and he would certainly get well at last. Indeed at that time, he was disposed to think them right, for, if he attempted to diminish the doses of mercury, all his sores became worse. He, at length, in a state of mind almost approaching to despair, determined entirely to relinquish the mercury, as he now thought his complaints incurable. He did so, and, to quiet the perturbation of his mind, he also determined to enjoy all the comforts to be derived from the liberal use of wine. By gradually increasing the quantity, he drank about two bottles of port wine daily, yet his sores became worse, assumed a black colour, and a foetid discharge issued from them. Still he determined never to have recourse to mercury.

In this state he continued about six weeks, during which time he was at least one half of the day in a state of intoxication, partly from the



weak state of his body, and partly from the quantity of wine he drank. His sores then assumed a more favourable appearance, and in two weeks more they were evidently mending. This gave him some encouragement, and he began to use daily about half an ounce of Peruvian bark, in addition to the wine, and, without the use of any other medicine, he entirely recovered in a few months. It is now several years since this occurred, and he has never had any attack of that disease in any form.

This was, in the strictest sense of the word, a case in which the morbid appearances were kept up entirely by the mercury, because it was not till that medicine had ceased to influence the system, that the sores could heal.

It is in cases somewhat similar to the one I have now related, that we find the Lisbon, and other diet drinks, so extravagantly praised for their medicinal effects. They are generally recommended after mercury had been used for a very long time, and after it was doing more harm than good. In short, after the venereal taint had been destroyed, and the system poisoned by the mercury, when the very laying aside that medicine alone, would have been of the greatest service, the simple, inefficient substances, forming these diet drinks, have been deemed the sole cause of the recovery.

### *Sore Throat.*

When the throat is thoroughly affected by this disease, we may be certainly assured that it will not heal of itself, nor by any power, which the system possesses, in throwing off the affection which caused it.

We sometimes find, from bad teeth, or previous affection of the gums, that, during a course of mercury, even conducted in the most careful man-

ner, the inflammation spreads backward toward the fauces, and this sometimes leads an inexperienced practitioner into a belief that this inflammatory affection is caused by the disease, not by the mercury, and thus not only disappointment to himself is the result, but much unnecessary trouble to the patient.

It has been asserted, that muriate of mercury, when the disease affects the mouth or throat, acts on it in the manner of a gargle, and is apt to heal the sores, before the disease, for which it was administered, is destroyed. How far this reasoning may apply, when given in the form of solution, I will not pretend to determine, but certainly, when in pills, it cannot act as a gargle on parts which it scarcely ever touches; and, in this form, occasionally, in combination with a small proportion of opium, I have often given it with the most decided advantage.

Although, in milder secondary symptoms, such as slight inflammation of the throat, and copper-coloured spots on the skin, I have found the cautious and properly regulated administration of muriate of mercury fully sufficient to effect the cure; yet, in the deeper seated affections of this sort, such as disease of the bones, &c. the addition of friction with the blue mercurial ointment over the affected parts, always causes a more speedy cure than when this last application was omitted.

We sometimes find the glands about the throat indurated, and from such enlargement we seldom reduce them to their original condition. The disease, however, which caused such an appearance, may be completely removed, even should the swelling remain undiminished.

#### *Bones.*

Mercury often removes the morbid state of the soft parts, in a generally infected constitution,



while the disease remains unchecked in the more solid parts, such as the bones. That medicine, therefore, is often discontinued, when the soft parts heal, while the disease in the bones, being only blunted in violence, soon recovers its former virulence, which demands the most serious attention.

The tendons also are sometimes venereally affected and enlarged, but they may be inflamed and enlarged from other causes. The true state of such parts is best known during the cure, for, if the symptoms be venereal, they yield only to mercury, while, if otherwise, they may be removed by other means. If venereal, too, the pains never abate for any length of time, but if they arise from rheumatism, gout, &c. they may even occasionally subside of themselves.

During the existence of nodes, mercury taken internally, and applied externally, with the occasional use of decoctions of the woods, &c. will generally remove them. The pain being often very great when this occurs, it is also necessary to apply repeated blisters over the affected surface, or leeches to the part, and the same treatment may be applied to thickening of the ligaments or fascia, from a similar cause, or we may make an incision down to the bone, extending the whole length of the tumor. This last step must be taken with the utmost caution, as the performance of such an operation, unless unavoidable, may lead to troublesome consequences.

The bone has been supposed carious, when only an enlargement of it, and its surrounding parts, existed, and caustic has been applied over the affected part, the periosteum destroyed, and the bone laid bare. Thus an exfoliation, although no caries formerly existed, will take place, and therefore, unless inflammation or actual ulce-

ration of the part occurs, no caustic should be applied.

In such cases, the application of leeches alone, or a blister applied over the affected parts, while the mercury is continued, is productive of the most happy effects. When this is not successful, suppuration, though slow, and attended with acute pain, is generally the consequence, and the matter is not like healthy pus, but of a slimy nature.

While the disease in the bones has spared enough of the living principle, by which they can support themselves, they are, with scarcely any exception, curable by mercury, but where the bone is entirely destroyed, no treatment, however judicious, can be of any service. In the first instance, mercury produces a favourable change in the patient's feelings, which always proves that a continuance in its use will effect a cure, but in the latter, mercury produces no alteration of the symptoms. If the skin be sound, we should at all times allow the constitution to be fully affected by mercury, which, from its beneficial effects, would prevent many a harsh and cruel operation.

After the venereal taint has been removed, but not till then, we may attempt exfoliation of the diseased bones, because then it is done with greater ease and more safety. The diseased portions of bone then act as foreign bodies, and the ulcerated parts can only recover upon their separation from the sound. This may, in most instances, be promoted, because if the diseased bone be in the mouth, it may be washed and kept clean with mild liquors, and if in the ears, they may be syringed with similar liquids. These exfoliations are greatly accelerated by restoring the general health, and the rapidity with which ulcers heal, after this has been effected, is astonishing. Sometimes, after a cure, enlarged bones return to their original



size, but more commonly, they remain enlarged at that part.

### *Ophthalmia.*

Venereal ophthalmia should, along with the exhibition of mercury, be treated as ophthalmia from any other cause. Vitriolic and astringent washes are beneficial, and if the vessels be much distended, they ought to be divided. In scrofulous patients, ophthalmia from this, as well as from any other cause, must be treated very differently. Spirits of wine or laudanum must be daily blown into the affected eye, through a small quill, or ointment of a stimulating nature must be daily introduced within the eye-lashes. A division of the vessels, too, is often necessary in scrofulous, as well as in those of other habits of body. The various vitriolic solutions, which are often useful in the cure of such affections, are decidedly bad in those of scrofulous habit.

### *Blindness, Deafness, &c.*

When either blindness or deafness affect a person from a venereal cause, the case is always very hopeless. Still, in slight affections, mercury may be used with considerable advantage, but, when the coats or humours of the eye are greatly diseased, or when the internal bones of the ear and eustachian tube are much affected, very little benefit is obtained from our utmost exertions. Still, under these circumstances, while the constitution is not materially injured by mercury, we ought to continue it, as whatever benefit we may reap must principally be derived from this remedy.

From this disease, or even from the injudicious employment of remedies, there sometime occur



very dreadful symptoms, such as falling off of the hair and eye-brows, seemingly rheumatic pains, dropping out of the teeth, and the nails become curved, and sometimes fall off. In short, every part of the body becomes affected, rendering the whole system one loathsome mass of contamination. A medical man ought always to keep in mind, every appearance the disease can assume, and of the bad as well as of the good effects of the remedies prescribed for its removal.

### *Warts, &c.*

In whatever form lues venerea may appear, it may only require the administration of mercury for its removal. It may also be found necessary to employ, either along with that medicine, or after it, such surgical assistance as will be necessary and proper, to prevent a distinct disease, even after the venereal affection has been completely subdued. Perhaps the most simple of these are warty excrescences, somewhat similar to those which sometimes grow on the hands, &c. There are a kind of these warts with unequal cauliflower-like surfaces, and pendulous long-necked productions, like polypi, and these are frequently met with in the labia of women, and on the glans, and still more frequently on the prepuce of men. Their origin seems superficial, and they most commonly occur immediately after the removal of chancre, but scarcely exist from a venereal taint remaining in the system. Their destruction, therefore, is in general easily effected. Those of a pendulous form are easily removed with the knife or ligature, and afterwards by inducing inflammation in the parts, by means of escharotic substances, while those of a broad base may, without a ligature or knife, be removed by any of the caustic substances in common use, either in a liquid or in a solid form. They



also may be completely removed by the daily application of the powder of sabinæ applied to the affected parts. We also find fungous excrescences, which are removable by surgical aid.

I think those warty or other excrescences, which sometimes appear about the anus, at one or other period during the existence, or even after lues venerea has disappeared, may be safely enough treated, by the application of escharotics, ligatures, &c. as if unconnected with that affection. But if, after such plans have been duly attended to, they frequently recur, we have reason to believe them of a venereal nature, and, in addition to the above, recourse ought instantly to be had to the use of mercury. Thus they will be deprived of their venereal nature, which may be known by their ceasing to return.

#### *Mistaken for other Diseases.*

If, which not unfrequently happens, venereal pains be mistaken for rheumatism, gout, &c. and treated as such, the patient, at best, experiences nothing more than partial and momentary relief; for the venereal symptoms, remaining unchecked, become more aggravated, till another and more permanently effectual method be adopted.

Reasoning and practising thus, we not unfrequently find that lues rages in the system with considerable malignity, especially when it affects the bones, while the patient remains unconscious of his real situation. One day it is thought rheumatism, another gout, and the materia medica is ransacked for remedies to relieve these symptoms without effect. It is at length conjectured to be lues venerea, but not till the haggard and emaciated frame is too weak to bear the debilitating effects of a course of mercury. I have known many vigorous young men, from this cause alone reduced to the most deplorable wretchedness. We, therefore, cannot too

strongly inculcate the propriety of the utmost attention being paid to the occasional recurrence of these symptoms, and if it have a similarity to any venereal complaint, and especially if it had withstood other remedies, we ought not to delay the application of such means as will make a perfect cure, till the debility of the general system prevent their administration.

### *Cleanliness.*

Throughout the whole treatment of every species of venereal complaints, a strict observance of cleanliness ought to be our first and constant object. Without this, we have not only to bear with the filthiness, naturally arising from such complaints; but it has been believed, that the absorption of matter which, on such occasions, must take place, greatly aggravates the very disease for the removal of which our other remedies are applied.

### *Modes of Living.*

Independently of the great difference in the absorbent system of certain individuals rendering a larger quantity of mercury absolutely necessary in some than in others, for the removal of lues venerea, we find a similar peculiarity exist from artificial causes. Thus, certain irregular modes of living, which debilitate the body in general, tend also to render the absorbent vessels very inert, and large doses of mercury, &c. applied inconsiderately produce similar effects.

Intemperance, during a course of mercury, I believe, the great cause of all the mischief which frequently attends such a state. The habits of persons, affected with these complaints, are frequently irregular; and such habits persevered in, often



oblige them at length to retire to their chamber, and be more rigidly correct in their conduct than would have been necessary, had they, at an earlier period, attended more strictly to rules of regularity.

The use of spirituous liquors in particular, at such time, except in very small quantity, is extremely improper. The effect they produce do not seem to prevent the mercury from acting on the mouth; but they arrest the healing progress of the disease, at least for many weeks, or even months after it should have been cured, and not unfrequently aggravate the symptoms in a remarkable degree. To this circumstance, therefore, much of our attention ought to be directed, for we uniformly find that a temperate patient is not only easiest and soonest cured, but he also runs much fewer chances of being afterward affected by secondary symptoms, than one of opposite habits. Mercury should never have to strive with any other stimulus than the venereal virus.

### *Woods, &c.*

Although I believe various decoctions of the woods incapable of effecting an entire cure of this disease, they may possibly act as auxiliaries during the exhibition of mercury; at all events they can do no harm, and therefore may be used, when not otherwise disagreeable. The best of them are probably the decoctions of guaiacum of sassafras and of sarsaparilla.

Although, I have in general, no great faith in them, nor even in the acids, yet I have seen such decoctions, and also the acids, in a diluted form, taken in combination with mercury, of singular service, especially in advanced cases, when mercury itself seemed to produce no very remarkably beneficial effect. There is one condition of the system wherein these decoctions are of singular



service. This is when mercury has produced great debility, without completely eradicating the disease. The woods may then be substituted till other means have been employed to prepare the system to be again subjected to the operation of mercury. Thus it appears that they seem capable of checking, but not of removing the disease.

### *Preparations of Mercury.*

In the whole catalogue of medicines, which have been held forth to the world as possessed of antivenereal properties, none have so effectually stood the test of experience, as the different preparations of mercury. Various other materials have been proposed by medical writers, and have had the fairest trials, but they have all, seemingly by general consent, in a great measure sunk into disuse.

It is extremely probable that the antivenereal power of mercury, was discovered by mere accident. We read in the works of ancient authors, that it was first employed for the cure of cutaneous eruptions in general. It is therefore very probable that it was in this indiscriminate way applied to some venereal cases, and, from its effects in removing them, became an established remedy.

Thus the various preparations of mercury, although no specific, from their having failed of success in some instances where they have had the fairest trial, are now universally acknowledged as the only medium on which we can depend for general success.

Valuable as this medicine is, it is often in the hands of the rash, the dull, or the inexperienced, productive of the most serious mischief. It was not witnessing one or two solitary instances, that enabled me to make this statement, but a host of cases, where the patients had been reduced to the



greatest possible debility, seemingly in some of them almost irrecoverable; and this not from the effects of disease, but almost wholly from the misapplication of the remedy injudiciously administered for its removal.

Being very early obliged, from the service in which I was engaged, to dedicate much of my time to the practical part of my profession, and particularly, from certain circumstances, to the venereal department, I had occasion to try the comparative effects of different preparations of mercury, in every different stage of that disease, even before the then limited extent of my reading made me acquainted with many discussions, which have agitated the profession, upon these points.

In recent affections, the blue pill or ointment, or pills made from calomel, (submuriate of mercury) merc. cinerus, &c. are probably the best. Their effects in this stage of the disease, may be depended on, and their action on the stomach and bowels is scarcely ever so violent as to cause alarm. But I have uniformly found the superior efficacy of the muriate of mercury, or corrosive sublimate, in far advanced or in secondary symptoms, and, much as I have since read on the subject, I have not had cause to alter my opinion respecting the use of these different preparations of that medicine.

I am aware that the muriate is more apt, than almost any other preparation, to affect the stomach and bowels, and it is, therefore, very necessary to pay much attention, not only to the doses, but to the form in which it is used. Formed into pills, with crumb of bread, in those whose stomach and bowels are easily affected by that medicine, is perhaps the most objectionable method of giving it, as it is scarcely possible to levigate it so finely, and diffuse it sufficiently through the mass, as to prevent it acting on the stomach with much violence. The form of solu-

tion in water, afterward made into pills with bread, each containing one-eighth of a grain, is what I use with the greatest success.

I have no wish to extol the superior efficacy of any particular preparation of mercury, and as is too often the case, when the good effects of one form of it, in preference to all others, is alone to be insisted in, overlooking all its bad effects and magnifying its beneficial properties. My object is the removal of disease in the easiest, safest and most effectual way for the patient; and I hope that no speculative reasoning, however plausible, will ever have the smallest effect in altering my mind on that subject, unless such reasoning have for its basis sound practical observation.

### *Rules for the Administration of Mercury.*

While one or more causes are necessary to derange certain of the animal functions, by which disease, either of some local part, or of the whole habit is produced, to destroy this train of morbid action, so that the animal powers may be allowed scope to return to their original healthy condition, we must apply to the body externally, or introduce into the course of the general circulation, usually by the medium of the stomach, certain substances whose peculiarity of action does not accord with that action, which constituted the disease. It is an established law in animal life, that two opposite kinds of action, cannot continue their existence in the same parts at the same time, consequently that one or other must ultimately prevail. Thus if the powers of the substances we employ, are, from their inefficient nature, or from their quantity, unable to check the action of disease, such disease, of course will proceed, and, should it affect any part, the healthy functions of which are necessary to the continuance of animal life, it



generally terminates fatally. It is, therefore, only by the introduction into the body of medicines, which occasion temporary derangement, in certain parts of the animal economy—medicines sufficiently active to overpower the disease, the effects of which will abate, when we have abandoned their use, that the removal of every disease is obtained; this rule is applicable whether such disease be extremely trifling in its nature, or perhaps unlimited in its devastations on the living body.

We all know that from one or other preparation of mercury, we are to expect the complete removal of the venereal disease, but it requires time and experience to know in what manner, and under what circumstances, these are, or are not to be used, and what quantity will be necessary to produce the desired effect. Every one possesses certain circumstances connected with his constitution, which are peculiar to himself, and even these vary in the same individual at different times. Thus the same degree of morbid action may occasion the progress of the complaints of one to be slower or more rapid, milder or more malignant. Under these circumstances, it must appear evident that no given quantity of mercury can be calculated upon for the relief of persons whose constitutions are so very different. While we rely on the powers of the antivenereal mercury, we must also depend on our own judgment in its administration; and it will invariably be found that attentive unbiassed observation and experience will always be more successful than practice, dictated by the most brilliant imagination, without these advantages.

Were no peculiarities of constitution to exist, we could calculate, to a mathematical certainty, the precise quantity of mercury which would cure every case. But to calculate in that way is impossible, and he who either follows it himself, or



teaches it to others, must be perpetually committing the most serious blunders. In every case, both its doses, and the length of time should be used, must be entirely regulated by the influence it produces on the disease, and its effects on the general constitution.

In conformity with the general principle of action previously noticed, respecting the action of both medicines and diseases, on the living body, we shall find that, before the venereal disease can be thoroughly destroyed in the system, there must actually exist in it, for a certain length of time, a *mercurial disease*. The extent to which this must be pushed, and the length of time it ought to continue, must be entirely regulated by the medical attendant, whose judgment we shall suppose adequate to the task. Should his judgment be deficient, the disease must, at some future period, in one or other form, break out with redoubled violence. Thus by mercury, either unskilfully administered, or carried too far, which is by no means uncommon, a disease altogether of a different kind from the venereal is produced, which exists entirely either in consequence of this injudicious application, or of too much mercury being exhibited. The original sores thus assume a new character, or new ones make their appearance, mercury is still persisted in, the sores become worse (for, being absolutely caused by the mercury, they are of course now aggravated, in consequence of its use), the patient at length becomes hectic, and literally cadaverous; and he is forced to drag out a miserable and wretched existence, burdensome to himself, and comfortless to every one else. Perseverance in this indiscriminate practice has been the ruin of numberless vigorous constitutions, and even many have actually fallen a sacrifice to such mistakes.

We find, then, that mercury, like all other ac-



tive and valuable medicines, can only in one way be used properly, but, from neglect, or other causes equally bad, it is, in myriads of instances, productive of the most serious mischief.

To whatever preparation of mercury we give a preference, for the removal of the disease, or in whatever form we may administer it, we cannot be too careful in its preparation. From inattention to this, the complaint is often unchecked for a great length of time, even till it has committed considerable ravages in the system. Every surgeon, as well as physician, therefore, ought to employ no mercury but such as may be prepared, either under his own immediate inspection, or by some person in whom he can place implicit confidence.

Anxious for a speedy cure, I have known many although instructed otherwise, administer mercury in far too large doses, which, while it could serve no good purpose, either speedily and violently affected the mouth, or occasioned excruciating pains in the stomach or bowels, accompanied by most debilitating purging. These affections commonly arise from mercury taken internally, yet I have, in some few instances, observed such effects succeed its external application, in the form of friction.

Too great attention cannot be given to the order in which mercury ought to be introduced into the system, although it is one of those things in practice which is frequently almost entirely overlooked. Whether given in the form of pill, solution, or applied by friction, the doses should be small, and as frequent after each other as we can with propriety administer them; so that till the mouth be completely affected, the former dose is not allowed to abate in its action on the system, before the succeeding one be given. Thus, instead of giving large doses at once, we are enabled to

preserve an uninterrupted action of the medicine in the system, which is uniformly most effectual in entirely removing the disease.

*External and Internal Use.*

On comparing the effects of mercury on the system, whether taken internally in the form of pill or solution, or applied externally by inunction, I think the difference in the effects produced by them very inconsiderable. The chances, however, of the constitution sustaining bad effects, are most likely to take place from mercury being taken internally, and that only when it produces violent effects on the stomach and bowels; even, indeed, when this bad effect attends its external application, equally bad consequences follow its administration.

In certain individuals, the internal use of mercury is attended with sickness, vomiting, pains in the head, and general debility. It is then that its use must instantly be abandoned, and some kind of stomachic medicine given to relieve these symptoms, which evidently arise from that organ, and should the mercury be again necessary, it must in future be used externally in the form of ointment. When in the form of pills, it does not affect the bowels, occasioning griping or purging, that certainly is the most easy and cleanly mode of using it, and I believe is as effectual as when applied in any other form, but when the patient can conveniently confine himself to his chamber, the preferable mode of applying mercury is certainly by inunction. When mercury, taken internally, does not create pain in the stomach and bowels, or produce purging, from one-sixth to one-tenth the quantity is sufficient to affect the system, in that way, to what is necessary when applied in the form of ointment by friction, but, having



settled these points, there is another circumstance to which we must attend. Instances have occurred, where the absorbents of the skin seemed quite incapable of taking up the mercury applied by friction, for neither was the quantity of ointment lessened, nor did it in the least check the ravages of the disease. At other times the internal absorbents are similarly indolent.

It may be difficult to ascertain whether these states are permanent, or only temporary, but we ought always to be aware that these conditions of the absorbents may occur.

The common place for applying mercury, by friction, is on the inside of the thighs. Sometimes the thighs are thus irritated and inflamed; but when this takes place, we ought to rub it once on the inside of the thighs, next time on the outside, then on the legs, after this on the arms, and when we return to the place where we applied it first, the inflamed parts having healed, we may, if necessary, commence the same round as before.

If, during its exhibition in any of these forms, the bowels become affected, we may allay this by taking twenty-five or thirty drops of laudanum in water, an opium pill, or one composed of equal parts of opium and gum catechu.

When mercury is administered by inunction, I usually direct that from one to one drachm and a half be rubbed on each thigh, opposite a fire, before going to bed. I have found it enter the system with greater facility, when mixed with a small quantity of fine olive or Florence oil. If this quantity produce no effect on the mouth, or on the appearance of the chancre in ten days, provided it has been immediately attended to on its first appearance, the mercury must be gradually increased in quantity, adding to it a small proportion daily, till one or both of these effects appear. Friction may be carried on by itself throughout the cure,

or it may be combined with a pill taken twice or thrice a day, composed of one grain of mercury in the form of a blue pill, or one grain of calomel in a little crumb of bread, or about one-sixth or one-eighth of a grain of muriate, first dissolved, and then made into a pill with bread, till the effect be produced on the mouth, or on the disease, generally considered.

However little it is attended to in practice, perseverance in the use of any one of the preparations of mercury, when it does not seem to produce the desired effect, is highly improper, and at times extremely hurtful. Its use only exhausts the strength, without, in the least degree, eradicating the virus. Thus I have sometimes found it necessary to change from a weaker to a stronger preparation, at other times from a stronger to a weaker, when evidently good effects were obtained by such modes of procedure.

Alterative courses of mercury, where the system is so very slightly affected as scarcely to be perceived, can never be of much practical benefit, unless when the affection is extremely slight, and even then the cure is very slow, and possibly not complete. In severer affections they seem to have no sort of beneficial effects—they tend only to exhaust the system, without checking the disease. In every case, therefore, I conceive that mercury, of whatever kind, or in whatever way applied, should be given in sufficient quantity, sensibly to affect the gums, or in a middle state between an alterative course and profuse salivation. Thus, by regulating the doses, so as to preserve the mouth in this state, we more certainly and more permanently cure the disease than by either the one or the other extreme.

The system may thus be considered as under the proper influence of mercury, when it occasions a general but not very great tenderness in the gums,



and perhaps in one or more parts of the tongue, with foetid breath, and a moderately increased secretion of saliva. This state of the gums, &c. being produced and persevered in, according to the particular nature or severity of the symptoms, will ultimately be found fully adequate to the removal of either primary or secondary symptoms.

We are taught, by daily experience, that the degree of soreness, in the mouth, is the mark by which we must regulate the doses of mercury. Till this effect be produced, all our proceedings carry with them some degree of uncertainty, but no sooner does this symptom occur, than we feel more capable of regulating our proceedings; while, in a shorter or longer time, according to various circumstances, the sores evidently assume a more healthy appearance. There is sometimes difficulty in exactly producing that degree of tenderness in the mouth which we wish, as in certain cases, independently of much caution, it becomes too violent, while in others, it is with difficulty we can affect it at all.

We ought to attend to this, that symptoms of lues venerea are often considerably alleviated by mercury, although the disease be not entirely destroyed in the system. We must not, therefore, under these circumstances, desist upon the symptoms only assuming a more favourable appearance, but persevere till we have good reason, from every circumstance combined, to believe the virus completely destroyed. We may establish it as a very good general rule, to continue the use of mercury, probably for two or three weeks, after every morbid symptom has entirely disappeared. Inattention to this is too common, and is productive of much mischief, rendering a long future debilitating course of mercury necessary, which, had the former been continued

perhaps a week or ten days longer, might have been entirely avoided.

Even although mercury has been most judiciously applied, and the disease still remains unsubdued, its use, under certain circumstances, must not be persisted in, at least for some length of time. When, for instance, great and permanent prostration of strength occurs, frequent nausea, giddiness, pains in the head, greatly disturbed, if not even almost constant want of sleep, we must entirely abandon that medicine, administer decoctions of the woods, with nourishing soups, and from two to three glasses to a pint of wine, or even more, each day, till these symptoms have abated, and the strength of the patient has been considerably restored. Then, but not till then, we may recommence the mercury, in one or other form, when we reap advantages from it, which under the above alarming appearances, we could not obtain; because pushing a mercurial course, after great uneasiness, and much general debility has been induced by it, has no effect in arresting the disease, but is extremely and often permanently injurious to the general health.

Proper attention not being paid to these points, the *abuse* of mercury is by no means uncommon, and other complaints of a very different nature may be produced, as much from this as from a long continuance of the venereal virus remaining in the body; and I know that these very unpleasant occurrences are more frequent in consequence of the injudicious use of mercury, than even the last. When the system is reduced to such debility, the body becomes peculiarly liable to complaints which, otherwise, might never have occurred. Such complaints as may occur from such a cause, at all times depend on the existing state of the constitution or system. Thus, one



person is affected with dropsy, another with consumption, &c. not, as has been supposed, as an *immediate* effect of the venereal disease, but more likely from the particular pre-disposition of the individual, to one or other of these complaints, in consequence of the great débility which had been induced, or immediately in consequence of improper treatment itself.

### *Operation of Mercury.*

The lymphatic vessels which absorb the venereal virus, seem also calculated to convey its antidote mercury.

Many strange and ridiculous opinions have been adduced respecting the *modus operandi* of mercury, in its removal of this disease. But we seem as completely ignorant of this fact as ever, and the only opinion which, among the better informed and thinking part of the profession, has yet survived the general wreck is, that the mercury, meeting with the venereal virus in the system, acts chemically upon it, and thus renders its virulence inert. I think that even this last opinion is far from being correct.

I question very much if mercury has any effect on the virus itself; indeed I believe it does not act at all in this way (and even if it did, it would not in this way remove the disease), but acts in producing a change in the constitution, which first occasions *a complete stop to the regeneration of the virus*, and ultimately its total extinction. It is only by this general mode of action, that mercury can produce its beneficial effects, for, externally applied to the affected part, such as a chancre, no such destruction of the virus is obtained. Indeed, I believe when such sores heal, by the external application of mercury, in any

form, it must be either by their emollient or their escarotic quality, not by that substance being absorbed, and thus destroying the disease.

As the virus probably pervades every solid as well as fluid, connected with the body, so it is reasonable to believe, that the operation of mercury consists in its being capable of affecting every part where the virus may be lodged, of ultimately changing the diseased action of these organs, and thus enabling them to resume their health functions.

In whatever form mercury may be introduced into the system, all other circumstances agreeing, we find that its ultimate effects are the same. Externally applied, by friction, the cuticular absorbents carry it into the circulating mass. When administered internally, in the form of solution, pill, &c. the absorbents situate on various parts along the intestinal canal, being more active than those on the skin, are sufficient, by their own powers, without the aid of friction, to carry the mercury into the system.

The general systematic effects of this active substance, when unnecessarily pushed to a very great extent, are numerous and distressing, and are always proofs of improper treatment. The pulse is first accelerated, with throbbing of the temporal arteries. This is soon followed by prostration of strength, and giddiness, especially on rising from a horizontal posture. There is now added a paleness of face, and shrinking of the features, which at the same time acquire a peculiarly unpleasant appearance. A disagreeable taste, which gradually increases, and soreness in the mouth are felt, and the gums bleed on the slightest violence being applied to them. The flow of viscid saliva is also increased. The head is pained, the eyes tender, and somewhat inflamed, and the mind is dull and inactive. The ulceration of the gums at length



causes them to separate from the teeth, which gives a sensation as if the teeth were loose. The inside of the cheeks swell, and that part, which comes in contact with the teeth, forms a furrow in the cheek, and even sometimes ulcerates. The tongue at length swells so much as to be protruded without the mouth, into which the patient cannot return it. The pain is excessively distressing in the mouth, from which there is now a perpetual and very abundant flow of saliva. The face is usually very much swelled—the patient is incapable of taking nourishment—his sleep is disturbed, or rather interrupted—his temper becomes irascible, and his state is truly deplorable. Unless the exhibition of the medicine be now stopt, it may prove destructive of life.

In every case, pernicious effects may sometimes be produced, by the exhibition of mercury, which not only render a change in the particular preparation of that medicine, or in our mode of applying it, absolutely necessary, but even, for a time, the total suspension of its action on the system. This condition of the body is extremely unpleasant, both for the patient and his medical attendant, but it sometimes occurs, and nothing but attention to every particular circumstance connected with the disease, constitution, habits, &c. can alleviate or obviate such effects.

Mercury is, in some degree, an universal stimulant, and (although capable of producing very alarming effects), when judiciously introduced into the system, acts as the only known sure antidote to the venereal virus. In slight cases, particularly before the glandular system, bones, &c. become affected, the cure is easily and soon completed. When the disease has advanced, so as to affect one or other of these parts, the cure is at once more complicated and more tedious.

When this medicine is administered internally,

and produces neither pains in the bowels nor violent purging, its effects on the system are sooner produced, than when it is applied externally, in the form of ointment: but, when the contrary is the case—when purging and griping follow each or any of the doses internally, the intestinal absorbents are too much stimulated to act in a healthy way, and the mercury, not being absorbed, passes off by stool, and consequently cannot produce any effect on the disease. Thus those constitutions in which mercury produces the least deviation from health, in the alvine evacuations, are soonest cured by its use, and those in which they are greatly promoted, are most tedious of cure. While this last state continues, the disease suffers little or no abatement—the constitution alone is greatly affected by accumulating debility, so that the individual is often reduced almost to a skeleton.

We generally find, that those who have formerly taken little or none of this substance, are much easier affected by it than those who have been in the habit of using it, either repeatedly, or for a great length of time. I have met with various cases, where two or three pills each day, or one drachm of ointment, composed of equal parts of hog's-lard and quicksilver, easily and soon affected the constitution. Others, however, or even the same persons, after using mercury repeatedly, or for a long period of time, have been able to take four or five times the above quantity, without being more than slightly affected by it.

The most favourable constitution for the exhibition of mercury is, when the venereal symptoms gradually disappear, on that substance taking possession of the system. The constitution, thus completely charged with this active substance, is, at length, left free from venereal contamination, and upon its being withdrawn from the sys-



tem, the inconvenience arising from it is only of a temporary nature, generally leaving the constitution sound and readily to be acted upon, by whatever is salutary and nourishing. If the venereal poison be not completely extinguished, it often, for a length of time, continues its ravages on the system, although often mistaken for something else which its total destruction can alone arrest.

In some instances, it seems quite impossible to affect the system in the usual visible way, (*viz.* tenderness of the gums) by mercury, but if it produce increased action of the circulation, diaphoretic effects, foetid breath, foetid urine, emaciation, and prostration of strength, we are pretty certain of its general effects, and this will ultimately cure the disease. I think I have observed that, independently of the affection in the gums, as the prostration of strength and emaciation proceeded, the symptoms of disease evidently abated. I have also observed, that a greater proportion of such were afterward affected with secondary symptoms, than those on whom the mercury produced the effects on the mouth, &c. expected from it, in whom the disease evidently abated on these effects being observed.

Without some of these appearances, we have no proof that the morbidly contaminated structure has undergone the proper change,—that the universally pervading influence of the venereal virus has been entirely arrested in its progress.

In every case of this disease, we shall find that one or other of the preparations of mercury disposes the diseased parts to assume a healthy appearance, and finally they are restored to perfect soundness. When this is not the result of such applications, particularly after a great quantity of mercury has been administered, when the sores, &c. become worse, we may be assured that the disease either has not been venereal, and is evi-

dently aggravated by the mercury, or that it has entirely lost its venereal disposition, is kept up in the system, by the action of the mercury, and cannot be cured till it be laid aside, and a different plan of practice pursued.

*Effects on the Mouth.*

However great the preference which men have, from time to time, given to any one particular preparations of mercury, it does not appear that either of them have, even in the hands of their greatest admirers, been productive of any very beneficial effects, till, at least, a slight tenderness in the gums, or even some degree of salivation was produced. This condition of the mouth seems to be the general external effect necessary in almost all constitutions for the regulation of our future procedure, before we can positively determine that the advantages we expected from the mercury will follow. Yet, in certain habits, we find that salivation may be produced and continued for a considerable time, without being followed by any remarkably beneficial effect; but, in such cases, the preparation of mercury being altered for another, even although salivation is not increased, the symptoms of disease begin to abate, and are speedily cured. What can be the reason of this curious fact?

The visible effects of certain preparations of mercury, not only on the disease, but on the mouth, salivary glands, &c. are various in different individuals, and even in the same individual at different periods. We sometimes find a very small proportion of that medicine, either in the form of ointment, pill, or solution, at one time produce salivation, while at another, it is necessary to employ a very large proportion to produce any visible effect on these parts. From this circumstance, the



necessity of acting according to circumstances, rather than being guided by any general rule, in our administration of that medicine, is very evident.

I have also frequently observed, that, when a great deal of mercury has been taken, before it affects the mouth, when salivation did commence it was excessive. This circumstance ought to put us on our guard, when such a state of the system comes in our way.

In others we find, even after the first or second dose of mercury, that the mouth becomes very sore accompanied by profuse salivation, and this, from the smallness of the quantity administered, even before we have reason to believe the general constitution thoroughly affected. But this soreness of the mouth (the mercury being discontinued) usually abates in a few days, and we, in general, find that recourse may be then had, even to much larger doses than before, without producing any thing beyond moderate effects on the mouth.

In every kind of venereal complaint, violent salivation is always unnecessary, and sometimes hurtful, and when such is brought on by design, I do not hesitate to assert that the physician acts extremely wrong. The violent inflammation, and often ulceration, which this occasions in the mouth, causes great and unnecessary suffering. By this state of the parts also, we deprive ourselves of the best sign we have of ascertaining the probable state into which the system has been brought by the mercury, for when this violent inflammation or ulceration of the mouth has once been produced, we are obliged to withdraw the mercury; and the mouth often continues inflamed and ulcerated, for a considerable time after the general system, and consequently the disease, ceases to be affected by the medicine. Thus deceived by the soreness of the mouth, the disease is suffered to gain

ground, which, from the above-cause, seems unaccountable, as the mouth continues sufficiently sore; yet, even then, the patient's system is as free from mercury as if he had never used it. The future consequences of such a state of the mouth too, is the cause of much after distress. Some-time since, I had a gentleman under my care, whose condition was most deplorable. He had caught the venereal disease several years previous to the time I saw him, and his medical attendant, not being much in the habit of treating such complaints, alternately salivated and purged him most unmercifully. During many months, he was treated in this manner, and, before he was dismissed *cured*, his bones, throat, and even nose, had suffered considerably. When he applied to me, however, he seemed free from the disease, but the immense thickening of some parts of his mouth, and the strong adhesions which had taken place in others, rendered his condition extremely distressing. I occasionally *dissected* the parts where necessary, in order, if possible, to enable him to open his mouth, which he had not been able to do, to nearly its natural extent, for several years. I ultimately completely effected my purpose.

Violent salivations are thus not only injurious and distressing by their immediate effects, but by their after consequences. The debility, too, even in constitutions, previously the most robust, independently of the circumstances now stated, and the absolute danger of such debility in those of weaker habits, will at all times have great influence in the proceedings of the cautious physician.

If salivation should become very profuse, the local application, as a wash to the mouth, of an infusion of oak bark, a decoction of galls, diluted lime water, or a solution of borax, or any of the astringent gums, are all very useful in keeping the mouth cleaner and easier than it would be without



them. Any of the acids, diluted with water, may also be used as a wash, or gargle. When the mouth becomes uneasy, rather from irritation than active inflammation, tinct. opii, diluted with water, may be preferred to either of the above. If costiveness prevail, of course a purgative will also be of great service.

Although mercury often affects several of the secretions at the same time, we must be wholly regulated in our administration of it, by its effects on the mouth. By attention to this simple rule, we shall, in almost every case, be able to regulate our doses, so as to ensure the greatest success from its application. When the mouth becomes sufficiently affected, not only the breath acquires a very disagreeable odour, but, in some, more than in others, the same sort of smell issues from the whole surface of the body.

Sometimes great pain in the mouth is experienced during a course of mercury, from a decayed tooth, which, previous to that, gave no uneasiness. When, therefore, these pains become excessively troublesome, we ought to cause a removal of such teeth as may be, in some measure, the cause of this painful feeling.

### *Diarrhœa.*

Although purgatives are recommended by some, previous to the commencement of a course of mercury, we ought never to use them either immediately before, or during such a course, unless when the presence of constipation render them absolutely necessary. By their too free use, we reduce the intestines to that state, which will, almost infallibly occasion diarrhœa. Thus, while the venereal disease itself is unchecked by the mercury, the patient is ultimately reduced to a much greater degree of debility than is necessary.

In certain individuals, even independently of purgatives, the first doses of mercury often occasion considerable griping and purging, but this, even without the use of opiates, or of any other medicines, soon abates, and the mercury may be freely administered without occasioning any such inconveniency. It is always proper, however, during purging or griping, to administer an opiate, or some other medicine, for their relief, as during the presence of these, it has little or no anti-venereal effects, because it passes off by stool.

In some, diarrhœa is obviated throughout the whole course, with the very greatest difficulty. In them the greatest possible attention, both on the part of himself and his medical attendant, in altering the preparation of mercury, regulating its doses, and its mode of administration, is absolutely necessary.

#### *Exposure to Air.*

It is extremely fortunate, that, after almost every mercurial course, unless it has been very ill conducted, the patient, although emaciated, is in high spirits, his appetite is generally good, and proper diet, &c. soon restores his corporeal deficiency. In short, I believe there is no disease, or rather no remedy necessary for their removal, which reduces the body so much, and which is so soon restored by nourishing diet, moderate quantities of wine, bark, and free exposure to dry air.

It has been observed, that the cure of this disease is more difficult, or rather more tedious, in cold than in warmer latitudes, and from this statement in books, on the subject, I think there has arisen much unnecessary speculation. We all know that, during a course of mercury, the most speedy effects of it, in arresting the progress of



disease, are obtained while the individual is not exposed to irregularities in the atmospherical temperature, but such temperature (although the contrary is asserted by authors) evidently acts on the *remedy applied*, not as producing any specific effect on the nature of the *disease itself*; and it is probably owing to this, that much less mercury is necessary to cure the disease, under confinement, than if the patient be allowed to go daily into the open air. Thus exposure to cold damp air is always injurious. Griping in the bowels and purging are the common consequences, but this can never be owing to the effects of dampness, &c. on the disease itself; for, if, previous to this, the mercury had been administered in the form of pill or solution, on our changing either of these forms, and applying it by inunction, will, in almost every case, prevent the above effects, even although the individual be exposed to the same degree of cold as formerly.

I have no wish to inculcate the propriety of any person going at large during a course of mercury, unless confinement be a great inconvenience, and even then only during mild forms of the disease, when a severe or long continued course of mercury is unnecessary. There is considerable risk in being much in the open air when the disease is severe, or when the individual is under violent salivation. Besides his haggard appearance, and cadaverous countenance, with a stench issuing from every part of his body, especially his breath, is so disgusting, that, independently of the danger, propriety ought to prevent him being exposed to the chance of seeing company.

It ought to be a never forgotten rule, although seldom attended to in practice, when confinement is absolutely necessary, regularly to ventilate the apartment at least once a-day. This may be done

while the patient adjourns to another room during that process.

On the subject of exposure to the atmosphere, during a course of mercury, no general rule can be laid down, as, in that respect, we must be entirely regulated by the effects it produces. I know perhaps as many gentlemen who have taken mercury with the very best effect, although every day exposed to the atmospheric influence, as have suffered under a similar course from the same cause. All dampness and excessive heat must be avoided.

Although in some unnecessary, yet in certain constitutions, the slightest exposure to the common atmosphere, almost immediately causes griping and purging, which are at such times extremely unfavourable occurrences. I have even observed this peculiarity continue for weeks, or months, after the discontinuance of the mercury.

The bad effects of such exposure, however, is more generally occasioned by sudden transitions in the atmosphere, than by exposure to uniformity of temperature, although the latter was colder than the former. I am, therefore, fully of opinion, that exposure to a dry and moderately cold atmosphere can do no harm, but after confinement, even for a single day, the patient ought not, unless in the very best weather, to expose himself either to cold or damp, till he is completely cured. If from the first, however, the summer air produces no unfavourable symptom, why use confinement, which, of itself, is at all times debilitating? and if the air be damp, which must always have a bad effect, it would be madness to continue exposing the patient's health to its effects. I lately attended two gentlemen at different periods, who were very differently affected by mercury, although both were ultimately cured. One of them had previously undergone a course of mercury, and then, as well as on the occasion I have alluded to, could



not be half an hour exposed to the air, even in the best weather, without being subject to violent diarrhoea, and painful griping in his bowels, but these speedily left him when he betook himself to his chamber. The other had been uncommonly unfortunate in his amorous encounters, and, for a succession of venereal complaints, had taken mercury almost constantly for three years. During all that period he was scarcely ever confined a single day, and his complaints all disappeared as soon as could have been expected, even under the very strictest confinement.

When, therefore, exposure to the atmospheric air is not absolutely hurtful, it ought always to be permitted. Constant confinement within doors, besides other inconveniences, depresses the mind, and renders the patient doubly uncomfortable. On the contrary, all other circumstances agreeing, moderate exposure to a free dry air enlivens the spirits, prevents, in a great measure, the debilitating effects of the medicine, and renders the system, if it be deemed necessary, capable of having, with the best effect, a larger quantity of mercury administered than can be done under any other circumstances. Under the operation of mercury, whether confinement be or be not adopted, it is always proper that flannel shirts and drawers be worn during winter, and calico during summer.

A practice, which I believe is sanctioned by universal consent, is to remove every patient, recently under a course of mercury to some country situation, where the air is pure, but not damp. When the mercury has entirely left the system, tepid bathing, or even cold sea-bathing, or the cold bath in any sort of water, is highly beneficial. These, with nourishing diet, a moderate quantity of wine, with gentle exercise, seldom fail of speed-

ily restoring the strength, often very rapidly, to its former vigour.

Frequent repetition of lues venerea, or rather the abuse of remedies found absolutely necessary to destroy it, is extremely destructive of the constitution. Perhaps the mode of living, too, which generally leads to the chances of frequent infection, has no inconsiderable share in at length producing such effects as are sometimes solely attributed as consequences of the disease alone. From these combined effects, the train of complicated sufferings, many are doomed to bear, even in early life, is truly afflicting. Even the stout and robust, whose appearance bade fair for good health and long life, becomes but a wreck of what he was, and in consequence of this, from being almost constantly affected with one or other chronic disease, his existence actually becomes a burden. Premature age and early death in general close the miserable scene.



CRITICAL EXAMINATION  
OF  
SIR EVERARD HOME'S WORKS  
ON  
*STRICTURE IN THE URETHRA,*  
RECTUM AND ÆSOPHAGUS.

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NEAR the commencement of his first volume, Sir Everard Home endeavours to prove the muscularity of the membrane of the urethra, but seems obliged, without the trouble of giving any reason, to take a great deal for granted. If, however, the membrane of the urethra possessed a completely contractile power, paralysis of the neck of the bladder would not cause incontinence of urine, since, by such contraction, it might be retained. We have no proof of this membrane possessing any contractile power, and the proofs Sir Everard has given are insufficient, viz. the state of it during the passing of urine and semen, and the effect produced on it by the use of injections in gonorrhœa. While the urine passes, the muscles of the penis are generally flaccid, and consequently allow the membrane to be easily distended, but, during the emission of semen, these muscles being suddenly and violently contracted, compress the membrane, and thus it is, at that time, rendered narrower, and the same effect is produced during the use of injections. Sir Everard constantly runs into error in this way, as if not aware that the muscles have any effect in compressing the urethra. Having thus presumed the muscularity of the membrane, he proceeds to give the

following account of its influence in the production of stricture.

“Contraction and relaxation,” he says, (vol. I. p. 19.) “are the natural and healthy actions of the urethra; but this membrane, like every other (part of) muscular structure, is liable to a spasmodic action, which produces a degree of contraction beyond the natural; and in that state the canal loses the power of relaxing till the spasm is removed. When this happens it constitutes disease, and is termed a spasmodic stricture.

“While a stricture is in this state, it is only a wrong action of the membrane of the urethra; and if the parts could be examined in their relaxed state, there would be no appearance of disease.

“When a portion of the urethra is disposed to contract beyond its natural easy state, this disposition commonly increases till the part becomes incapable of falling back into a state of complete relaxation, and the canal remains always narrower at that part.

“In this stage it is both a permanent stricture and a spasmodic one. It is so far permanent, that it is always narrower than the rest of the canal; and so far spasmodic, that it is liable to contract occasionally in a still greater degree.”

This is doubtless the most correct account of the formation of strictures which can be given. Indeed I believe, this is the way in which almost every stricture is formed, and it is only by neglect, or harsh treatment in their early stages, that they ultimately become of a permanent nature, or require the complete destruction of their substance, before they can be removed; and even after all this, the patient is often not relieved, but obliged to drag out a life of perpetual misery.

Sir Everard Home, himself in p. 23, seems of this opinion. Speaking of spasmodic strictures, and their effects in the production of permanent



ones, he says, "A stricture having arrived at that stage which renders it permanent, does not prevent it from having also a spasmodic contraction. This, however, in many instances, is in a less degree after the disease has been of some years continuance, than at a more early period; for we find patients who have been subject to occasional suppressions, afterwards entirely free from them, the disease in its increase having rendered the parts more indolent, and therefore not so readily affected by accidental causes; but when the stricture becomes very small, the occasional suppressions return, and become more serious." They certainly do, but, under the above circumstances, had proper precautions been used, no such serious termination need have been feared. In short, to sanction the frequent use of caustic, it is absolutely necessary for its advocates to admit of more or less spasmodic action in all the cases, they term permanent stricture. This is indeed Mr. Hunter's opinion, but, by mistake I suppose, differently moulded by Sir Everard Home. If by any one it be asserted that permanent stricture exist, and, if, at the same time, he wishes only to prove the existence of spasmodic stricture, it may be urged that it is purely of that nature; and if, on the contrary, it be contested that it is purely spasmodic, it may be admitted that spasm does exist, but that it is in consequence of a permanent obstruction of the canal, which can only be relieved on the removal of the obstruction.

To prevent repetition, I wish it to be particularly understood, that it is to Sir Everard Home's practice alone that I object, and of his theories I shall take notice only when they seem likely to lead to erroneous practical conclusions. In p. 31, he makes the following remark. "It will appear evident, that a contraction of any particular part of the canal may be brought on by an unusual

or preternatural degree of action in the membrane itself, without any new formation whatever." It need scarcely be stated, that, in order to form a contraction of any natural canal, possessing, as I have endeavoured to show, no muscular power, additional substance is absolutely necessary.

"A gentleman," says Sir Everard, in p. 52, "in the act of copulation, felt, at the instant the emission should have taken place, considerable darting pain in the urethra, and found afterwards a few drops of blood upon his linen; about an hour after, he had occasion to make water, and, in preparing to do so, the semen which should have been emitted, appeared upon his shirt in considerable quantity.

"I was consulted upon the cause of such *very unusual!* and *distressing!* circumstances. On hearing them stated, I informed him that there must be a stricture in the urethra, which *alone* could explain what had happened; this he was inclined to doubt, as he made water *very well*; but, upon passing a bougie, (which alone caused contraction) an obstruction was met with just beyond the bulb of the urethra; and upon allowing the bougie to remain, with slight pressure against the stricture for a few minutes, it was capable of being passed on to the bladder." Now, all these circumstances are easily explicable, without supposing the existence of stricture. During the act of emission, rapid contraction happened in the sphincter vesicæ, which closed the apertures of the vasa deferentia, and when relaxation occurred, to allow the passage of urine, the semen also escaped. It is in the same manner that semen is often emitted in great quantity immediately after the orgasm. When the bougie was introduced, it had stopped at a small eminence, situated at the under side of the neck of the bladder, which often interrupts the introduction of the staff, and having, by pressure, overcome



this, the bougie entered the bladder. Thus the gentleman himself judged correctly, upon observing that his water passed "very well," that he really had no stricture.

In p. 56, a case is related to show the similarity between stricture and gonorrhœa. This seems a case neither of stricture nor of gonorrhœa, but simply a temporary spasmodic affection, with which people advanced in life are often affected, when they worship the Cyprean goddess.

In p. 62, Sir Everard informs us, that strictures cause fatal peritonitis, and this he thinks extraordinary, as there is no immediate communication between the bladder and abdomen. He seems to have forgotten that the bladder is covered by the peritonæum, and that absolute contact is immediate communication.

I cannot find, in all Sir Everard's detail of local symptoms of stricture, a single one which I have not seen in cases purely of a spasmodic nature, and which, when attended to in time, I am daily in the habit of removing, by the properly regulated use of internal medicines, external applications, and the occasional *judicious* use of the simple bougie.

The constitutional symptoms of stricture, mentioned by Sir Everard, are principally of a febrile nature, attended with cold, hot, and sweating stages. I have seldom met with a very violent case of spasmodic stricture, in which, at some period or other of the disease, these occurrences did not take place. I must, however, admit that I have never met with the different stages following each other so accurately as those in which Sir Everard has observed them. All this I conceive of little importance, it can surely never be adopted as a diagnostic symptom of the affection. I think these fits of ague, as they are called, may be accounted for in a more rational way: 1st, From matter being lodged about the perinœum, in consequence of previous impro-

per treatment of the affection, which, assisted by the dread into which the patient is thrown by the very thought of having a caustic bougie thrust into the urethra, will occasion the cold fit, and, 2dly, From the pain occasioned by the actual application of a caustic bougie wedged into the stricture.

With respect to the case of stricture, treated as an ague, in p. 66, I think Sir Everard's conclusion erroneous. He says, "I have had a patient under my care, who for three years had this constitutional symptom of stricture in the West Indies, which was treated in that country as an irregular ague; but not finding himself relieved, he came to this country, and it was discovered (by Sir E. H. of course), that he had strictures in the urethra; upon the removal of which, the ague disappeared, without the use of any internal medicine." From his mode of relating this case, it is evident that the gentleman had *no symptom* to warrant him to suppose the existence of stricture in the urethra, except those usually found in cases of ague. When we consider that, in all probability, the gentleman lived, while in the West Indies, in some situation where ague might be an endemic disease, and that on his return to England, he was removed from the very cause of his complaint, in a few weeks he might have been entirely freed from it, without either the use of medicine or caustic.

Sir Everard tells us, in another place, that strictures have been mistaken for nervous fever, and that they cause *inflammation of the tonsils! fauces! &c.* In short, it would appear from such statements, that strictures may cause all the diseases which ever either had existence, or were invented by nosologists.

The cases of irritable urethra, mistaken for stricture, (p. 75), according to the account given of



them, appear much better fitted for the application of caustic, than many of the cases related in the book. Accidentally, however, a simple bougie was preferred, and proved successful. An injection of oil with a small proportion of tinct. opii, into the urethra, might have answered the same purpose.

What is the nature of the action produced by the application of caustic, in those cases of irritable urethra, related by Sir Everard, where even he allows that no stricture exists? It must be an entire destruction of the parts which have become morbidly irritable, and are incapable of resuming their healthy action, by any power they themselves possess; or it may not entirely destroy the parts, but only cause an alteration of a more healthy nature in them, by which they are rendered capable of performing their natural functions. To effect this last purpose, without running the risk of entirely destroying the organization of the parts by caustic, at least deserves some attention, and I have no doubt of our being able to accomplish our object.

The very earliest stages of stricture, before it has acquired that condensed form which nothing but the application of caustic, or an instrument, can remove, is certainly the time when surgeons ought to be most active and vigorous in their exertions for its removal. I do not hesitate to say, that in these moments a surgeon shows whether he is possessed of discrimination, by which his applications shall be external or internal, as the particular circumstances shall require, or if his sole dependence is on one remedy, viz. lunar caustic, by which, indeed, he *may* effect a cure, but, in doing so, *must* run many chances of involving his patient in great misery, perhaps for the remainder of life.

In page 109, in a note, Sir Everard informs us of a physician in London, who certainly carried

his aversion to caustic too far in the removal of permanent stricture. He was seemingly as much wedded to one side of the question as Sir Everard is to the other. The physician, it is said, left his fortune to his nephew, solely on condition, that, although the uncle knew he was affected with strictures, he was not to undergo the burning process for their removal. The nephew complied with these conditions, and Sir Everard says, he afterwards died in great misery. "In this case," says he, "it was found after death that the urine, prevented by the stricture from coming forward, *had forced its way backward upon the intestine*, instead of coming through the perinæum; and the first symptom that gave alarm, was that of the fœces coming through the penis with the urine."

By what way urine, prevented from being evacuated in the natural way, could be forced backward into the intestine, and the passage which thus conducted it back, enable not only it but even the fœces to overcome the stricture, and pass off by the penis, is to me a most inconceivably mysterious occurrence!

In very early stages of stricture, while yet there remains great spasm in the parts, and when, in a great majority of cases, the bougie cannot be introduced without occasioning the most excruciating pain; Sir Everard talks with as much coolness of the *irritation*, as he terms it, which is often brought upon the strictured part, as if he were thrusting his finger into an easy glove, not as if he were introducing an instrument into a canal, which, from its morbid condition, is so susceptible of the most acute sensation. In page 110, he condemns the principal means, viz. internal medicines, by which these effects are to be obviated, because, according to his theory, "no internal medicine appears capable of stopping the progress



of a stricture.” I do not advance this in support of any particular theory, but am in the constant habit, especially at the commencement of the affection, by the *properly regulated* use of internal, and the *properly regulated* employment of external applications, of entirely and permanently removing affections of the most violently spasmodic nature, which in all probability, had they remained unchecked, would at length have terminated in permanent strictures. In short, under the existence of these contractions, no man is warranted to use a bougie, without having previously employed other means. According to Sir Everard, the simple bougie, for the distention of contracted parts, is only of temporary benefit, and, *in the way he proposes*, this was the best effect which could arise from such practice.

That Sir Everard has acquired, from habit, a degree of dexterity in the application of caustic, no one will question. Where strictures, therefore, of a permanent nature *actually exist*, I believe, there is scarcely any surgeon who would be so often successful in their removal. When we, however, recollect that it is not the manual dexterity alone of one or more individuals, which can establish a doctrine on scientific principles, and that Sir E. Home, in detailing his own successful treatment of what he conceived permanent strictures, is addressing himself to many not so dexterous, it is scarcely to be calculated what an immense number of blunders may be made, not only in mistaking the actual existence of permanent stricture, but in their deficient dexterity in the application of caustic. The seat of disease, as related by him, the nature and shape of the canal, and the uncertainty of the number and site of strictures, together with the impossibility, in the hands of many, of applying the caustic exactly to the obstructed spot, as well

as the probability, considering its escarotic nature, of destroying every substance to which it is applied, ought at all times to induce an exertion to prevent a complaint arriving at that pitch of severity, when such applications may be necessary. This ought also to occasion a pause before it be applied, especially when the propriety of those measures cannot actually be demonstrated.

In former periods, the most commonly preferred plans of operating, for the removal of permanent stricture, formidable as they may appear, were; considering the circumstances I have stated, more certain of effecting the exact object which the surgeon had in view, than the modern attempt to apply caustic through a long narrow passage such as the urethra, where nearly the whole extent of the healthy part of that canal must be cauterized as effectually as the part intended actually to be destroyed.

The most approved of these operations were, dissecting down upon the strictured part, and cutting it out, and the other, by making an opening rather anterior to the stricture, and passing a flexible gum catheter through the opening into the bladder. Even Sir Everard allows that he has frequently seen this operation successfully performed by John Hunter, and no untoward symptom occur.

From this Sir Everard observes, p. 130, that “if the membrane of the urethra, when diseased, is capable of suffering so much injury, without any consequent symptom of irritation, it cannot be doubted that it will bear with impunity to be touched *in a very partial manner*, several times with lunar caustic.” Upon the very same principles, we may conclude, that because a man can, without exhibiting signs of the utmost torture, suffer a cut in his finger, he will bear with impunity to have his whole hand seared



over with a red hot iron! The metaphor is just, for, according to the present mode of cauterizing the urethra, I have no idea of a *partial application* of caustic to that part, and it is absolutely disgusting to hear it talked of. Seven inches, or, according to the common language, *seven and a quarter*, must, less or more, according to the dexterity of the operator, be injured by such application. If the urethra does not suffer much mischief, from removing the stricture, nearest its orifice, it must be completely destroyed before the removal of the second, third, fourth, fifth, or God knows how many more! which are everlastingly found *snugly* situated nearer the bladder.

In next paragraph, p. 131, Sir Everard is certainly right, when he informs us, that “his observations are published with a view to extend the use of the caustic to a greater variety of cases, and, in some measure, upon a very different principle from that upon which it was applied to in impervious strictures, by the late Mr. Hunter.” Further on he says, “he wishes to place the merit of the invention, as well as the mode of applying it, where it was due,” viz. to Mr. Hunter, a name which, by the bye, Sir Everard introduces on every occasion where he is in want of respectable authority to support a repulsive doctrine. I wish Mr. Hunter were still alive to give us his opinion!

I really find so much may be said respecting Sir Everard's practice in stricture, that I fear my readers may imagine I do it from pique, but I assure them nothing is farther from my intention. I have no knowledge of Sir Everard but from his writings, and even if I had, I hope neither himself, nor any liberal inquirer after truth will imagine, that there possibly can be any thing personal in my remarks. I have no particular interest, either in his success or want of success; it is matter of fact and sound reasoning alone, I have been,

and I hope always shall be in pursuit of, and I am sorry, I cannot think I have found enough of it, even in many of the best medical publications. In page 132, Sir Everard, not contented with applying caustic for the removal of what he terms permanent strictures, strenuously recommends its use, in preference to the bougie, in what he terms irritable strictures—I suppose he means spasmodic strictures. I trust I do not misunderstand him, for I have no wish to do so, if however, I do, I shall be glad to be put right. I hope Sir Everard succeeded in all the cases of this nature, in which he attempted the introduction of caustic—I say I hope so, for if such strictures resembled those of the same kind which occur in my practice, there must be a peculiar charm in his mode of applying that substance so as to cure them. I formerly stated, that in such cases, internal medicines, external applications, and the occasional and most judicious use of the simple bougie, were all in their turn necessary to effect this purpose — that burning away these strictures was merely removing the *effect* of the spasm, or the contracted portion, for a short period—for the *cause*, or the contracting power, still continuing, the constriction again and again occurs, not probably in the same place to which the caustic was formerly *intended to be applied*, but to every part of the urethra, and possibly to eight or ten different parts at the same time, to which it actually was applied.

Sir Everard gives two long cases in support of this part of his doctrine. He passed bougies repeatedly into the urethra of both patients, till he brought on the most alarming symptoms, among which were abscess in perino, when he deemed it prudent to desist. He then applied caustic a variety of times in each instance, and, after oc-



causing great distress to both patients, he cured them.

In the cure of diseases in general, and of stricture probably among the rest, there is usually, for days or weeks previous to a complete cure, a gradual approach towards that state. In not a few of Sir Everard's cases, we find the patient perpetually racked with the most agonising pains, either from the nature of the disease, or from the peculiar quality of his instruments of *cure*, and before we have had a moment to recover from sympathizing with the wretched patient's sufferings, we find him *dismissed cured* !

Sir Everard, in page 150, enters into a long apologetical oration, with an attempt, at the same time, to show (from instances of other parts of the body suffering violence, without danger) with what *safety* caustic may be applied to the whole internal membrane of the urethra. He says, " spasms in particular muscles, as in the intercostalis, diaphragm, muscles of the arm or leg, come on from slight constitutional irritation, or local injuries, attended with little violence ; the cause is often so slight, as entirely to escape discovery, and the treatment most generally found to succeed, is blistering the surface nearest the part affected, which is one of the most violent applications we are enabled to employ." Had Sir Everard transferred the same reasoning, and the same practice, to those strictures in the urethra, of a spasmodic nature, with the judicious addition of other articles, which taken internally, or applied externally, might tend to produce similar effects, much unnecessary suffering might have been avoided by some who have had courage to submit to such rarely necessary practice, as burning the membrane of the urethra. Indeed the application of caustic bougies to the membrane of the urethra, in these strictures, acts, in their

removal, on the same principle as a blister applied to the perinæum, or under part of the penis, only with this difference, that some portion of the membrane of the urethra must be destroyed, and much damage to the canal in general, will probably be the consequence; while in the other, viz. blistering externally, aided by internal medicines, the stricture is removed without doing the slightest injury to these parts. In page 155, Sir Everard seems sensible of this, for he says, "this general principle of spasmodic affections and local irritations, yielding more readily to stimulating applications, is now found equally applicable to affections in the urethra." I agree with him, we only differ in our mode of applying them. He burns off the very structure affected, and at least every part anterior to it, with lunar caustic, while I endeavour to remove it by antispasmodics, blisters, the occasional use of the bougie, &c. without injuring the structure at all. No doubt can be entertained which is the easiest and safest way, and there is no one capable of reasoning, but must be convinced of the permanent benefit of the latter, in preference to the former.

In page 158, Sir Everard commences a comparative inquiry respecting the bougie and caustic. He says, "it is not my intention, by any means, to discourage the use of the bougie, which is certainly a very useful instrument; but as it is found to be limited in its powers, it becomes important to point out a more active application, which may be capable of producing a cure, where that shall have proved inadequate." On the contrary, I should, according to his mode of using the bougie, entirely discourage it, as, when applied in that way, it is only very limited in its powers of relief, but productive of the most exquisite distress to the patient; yet, when more scientifically applied, and in the early stage of stricture, it is



preferable, and will ultimately be preferred to lunar caustic.

The remaining parts of this section are employed in reasoning upon the comparative effects of these applications. I think Sir Everard reasons on this subject with much accuracy, but in his practice he seems to forget to distinguish the very circumstances upon which his reasonings turn.

In page 173, he informs us, "it often happens, that, when there are several strictures, the application of the caustic to that which is nearest the external orifice, affects all the others, and makes them relax, so that the stream of urine, which before had been very small, shall now be large and free; and, after this has been destroyed, and the caustic is applied to one nearer the bladder, the very contrary effect is produced." This he calls sympathy between parts. That sympathy between parts may cause a slight constriction or relaxation of them appears very evident, but how it should cause such complete relaxation of the constricted part, as to allow the stream of water, before small, to become "large and free," is beyond my comprehension. Permanently constricted parts become, in some measure, like natural cavities, which force or continued pressure may enlarge to a great extent, but sympathy seldom, I may say never will, particularly in parts such as the urethra, destitute of muscularity, and over which the will has no power. The truth is, the reasoning of Sir Everard can only be applied to a *spasmodic* affection of the part, altered in its mode of action for the moment, by the caustic application, which also caused all those spasms nearer the bladder to disappear. The contrary effect produced, as asserted by him when caustic is applied still nearer the bladder, can never be accounted for by any process of reasoning, with which at least I am acquainted; it

must have been owing merely to some accidental occurrence. That many curious facts must have occurred to Sir Everard in his practice, I have no doubt, but no person should ever attempt to establish a doctrine upon an anomalous fact.

In perusing the hundred and ninety-six pages of Sir Everard's first volume, it has been observed, that numerous spasmodic strictures have, by him, been considered as permanent, and treated accordingly, and even where caustic is recommended for their removal in preference to the bougie. It may surprise some to find, under the head of "circumstances under which the use of caustic has proved unsuccessful," spasmodic stricture — spasmodic stricture, then, may be incurable by the caustic!! Spasm of these parts may be subdivided into six or eight different kinds, and complicated in a variety of ways with permanent stricture, but will this be satisfactory to such readers as choose to reason for themselves?

Some observations in Sir Everard's works seem of a paradoxical nature. It is asserted in various parts, and cases detailed to prove it, that the application of caustic, for the removal of stricture, does not bring on irritation, but, in other instances, as in page 196, we find it did bring on irritation. Perhaps during the composition of the book, cases of different result may have occurred to him, which shows the danger of making statements too general.

To make remarks on all Sir Everard's cases, which follow this part of his book, would be unpleasant to myself, and perhaps uninteresting to my readers. I shall, therefore, particularly refer to or detail only a few, to which he has given the name of permanent stricture, or such as he deemed incurable by caustic. In this very dry part of his subject, I may have overlooked a number of cases to my purpose, but I believe those



I shall subjoin, will be quite satisfactory in respect to what, in the previous pages, I have endeavoured to prove.

In page 210, case v appears one of *simple gonorrhœa*, in which the increased contraction of inflamed parts, caused the belief of stricture, which led Sir Everard to a train of unnecessary and severe practice.

Case vii, is one of gleet. Sir Everard informs us, that a gentleman, from the East-Indies, applied to him with a case of stricture, &c. and this mode of statement doubtless precludes question; but sometimes he relates more distinctly the history of the case, and shows us that he suspected the presence of stricture on very slight grounds. In this case, for instance, the patient had a gleety discharge, incontinence of urine, erections, nocturnal emissions; and general depravation of health, succeeding gonorrhœa. Sir Everard supposes this a case of stricture, and not recollecting that irritation produces contraction, he, because his bougie was opposed by an obstacle which it might itself have excited, was *certain* there was stricture. Consequently he destroyed all opposition by caustic, and says, "I applied the caustic to this stricture three different times at the usual intervals, and the passage then admitted a common sized bougie. Finding that, in other cases, the passing a bougie, under these circumstances, brought on irritation, I did not propose the use of it, and left the parts entirely to themselves." Now, if he had observed the circumstances accurately, he would have said, the irritation of the bougie and caustic brought on inflammation of the urethra, which cured the gleet.

Case viii. exhibits a spasmodic affection of the urethra, or rather the sphincter vesicæ, which was removed by a hemorrhagy which the caustic induced, but might have been equally well, and far

more easily removed *for the patient*, by leeches applied to the parts.

In case ix. a young man *from the country!* called on Sir Everard to tell him that he was *perfectly cured* of stricture. Sir Everard advised him never to travel without bougies, then introduced one into the canal, a contraction was perceived, and he *applied the caustic!!* “The application,” he says, “was repeated four times before the passage allowed a full sized bougie to go through the stricture; it was, however, much larger than any that had been passed before; I then desired that the parts might be left entirely to themselves, and *not disturbed* by passing a bougie; in this state, the *young man!* was at last suffered to return to the country.” If Sir Everard had not disturbed the parts by his bougie, at a time when the patient had no complaint, but who merely called on him to express his gratitude and satisfaction at being previously cured, the *young man from the country!* must have escaped all the painful and unnecessary treatment to which he was subjected.

Many of Sir Everard's cases of stricture are of a singular nature—there is *no impediment* to the urinary evacuation, nor any want of retention—in other words, *the constricted canal is as wide as is necessary!*

Case xii. is one of gonorrhœa, first properly treated and cured by a judicious surgeon, and though the gonorrhœa returned, proofs of stricture are deficient till after the application of bougies.

This is a case of mismanaged gonorrhœa running into gleet, and protracted *four years!* One surgeon thought it gonorrhœa, and removed the discharge by injections, while another supposed it stricture, and removed the discharge by bougies, and Sir Everard at last effected a cure by caustic. This case, after the gonorrhœal inflammation had subsided, was converted into a bad gleet, and, as



in other obstinate cases of this nature, the common remedies alleviated, but did not remove it, so that when any one introduced a bougie, the irritation made the canal contract round the instrument, and hence the idea of stricture, which in reality only existed while the irritation of the bougie continued. At last Sir Everard, under the idea of curing stricture, cauterized the canal, and, by this inflammation, removed the gleet, which could at first have been much better, and far more easily accomplished in a few weeks.

In this whole section, the proofs of stricture are deficient in every case. Case fourth, it appears, baffled even the caustic to remove the discharge, and the patient of course remained uncured. This affection, if I may judge, not only from my own experience, but from that of others in the habit of treating these diseases, could have been completely cured by the internal use of the lyttæ.

In the cases of section third, p. 272, it is related that a small tumour like a pea, was distinctly felt in the urethra. What is this but the caruncle of Wiseman and others? Sir Everard supposes this tumour to arise from the thickened edge of a lacuna, but I am much inclined to believe, that in all the cases of this section, this pea-like body, or something similar, was the real cause of obstruction, and that the manifold strictures found in each canal, were caused by the irritation of bougies.

It appears that, in some instances, the stricture was rather the effect than the cause of fistulæ in perinœa, as in case v. p. 312, "A gentleman had a stricture, which *was not known* till it had produced a fistula in perinœa."

Sir Everard frequently informs us, that the hardness in perinœa is removed by the application of caustic to the stricture, and the hardness is the only proof of stricture existing (see

case v. p. 314, &c.) The tumour would have yielded much more readily, if the caustic had been applied, in powder, to its surface externally, or perhaps, even to the application of a blister over the external surface of the tumour. A piece of caustic applied, for instance, over the surface of a bubo, for the purpose of opening it, a practice adopted by some, diminishes the size of it, in one or two days, and, by a repetition of the same practice, once or twice afterwards, the tumour has entirely disappeared without bursting.

In case vi. p. 316, a swelling between the anus and scrotum, had existed years before a stricture formed. The case seems to have been a gleet, accompanied with occasional spasms, aggravated by bougies, and at last cured by the inflammation induced by caustic. This disease had remained about nine years, and Sir Everard concludes the case thus. "After the removal of the strictures in the urethra, a spasm came upon the bladder in the middle of the night, and then went off." Was not there now as much reason to apply caustic as formerly? We often find, that the same symptoms do not induce a repetition of the treatment. I must conclude that once was found quite *enough*, although not so expressed.

Page 322, is a case of occasional spasm, arising from the stimulus of urine or of semen, on the tender urethra, and the last case in this section, is a well marked one of inveterate gleet, with occasional spasm, at last cured by caustic.

Case i. page 338, entitled, "Strictures attended with complaints of the stomach and eruptions on the skin," does not seem to be any thing else than an inveterate gleet, accompanied, as usual, with general debility and depravation of appetite, &c. which affection was removed by the local application of caustic, and the internal use of corrosive sublimate.



Case iv. page 345, entitled, "Stricture with nervous fever," affords sufficient proof that stricture existed independently of bougies, but the mucous discharge is mentioned indistinctly, and the general debility indicates something like gleet. Those who consult authors, will find, that all the symptoms detailed by Sir Everard, *viz.* nervous affections, restlessness, quick small pulse, uneasy disturbed sleep, with heat in the skin and mucous discharge, and I may add, all the symptoms of hectic fever, are brought on by excess of venery, where no strictures exist. In page 346 of the same case, "he had," says Sir Everard, "*no apparent difficulty* in voiding urine, nor did he believe that *the stream was smaller than natural.*" Is the existence of a disease only to be proved by its absence? ! !

Case i. page 362, is pronounced stricture, though the symptoms seem the same as those in case iv. page 357, which is deemed not stricture!

I cannot avoid quoting the following case, page 363. "A gentleman, aged 30, had a frequency in making water, particularly in the forenoon, which continued through the day, but went off entirely on going to bed, and he did not make water till he got up in the morning. He had also a gleet, as it was termed, in consequence of gonorrhœa, which had continued upon him for two years. From the *frequency in making water, and the discharge!* I was naturally led to suspect there was a stricture!! and, therefore, examined the urethra by passing a bougie. I met with a stricture at five inches, this was removed by the caustic; another was found at six inches and a half, which was also destroyed, and the bougie passed with ease into the bladder. The parts were now left to themselves, and the symptoms continued without any abatement. At the end of a month,

the bougie was passed, to ascertain whether the stricture had been entirely removed, and it passed with great ease. The circumstance of the bladder being at ease during the whole night, made me suspect stone, which, by its motion, gave uneasiness, but none when at rest. I sounded the bladder, but nothing hard was felt. The disease appears, therefore, to be an irritated state of the membrane of the bladder probably brought on by the stricture.—In this case, there was little sediment in the urine. By the use of the mephitic alkaline water, the patient has *almost* entirely got the better of his complaints.”

This is a simple case of gleet, brought on by gonorrhœal inflammation, but Sir Everard says, “the disease appears to be an irritated state of the membrane of the bladder, probably brought on by the stricture.” The caustic, however, did not cure this patient, for he concludes the case thus: “This patient has *almost entirely* got the better of his complaints.”

Case i. page 373, is a very well related and ably treated case of stricture and stone in the urethra. This case proves, that an irritating substance applied to the urethra, makes it contract and form an impediment to the passage of the substance.

Case ii. page 435, which Sir Everard gives as an instance of hydrocele, cured by the removal of stricture, was probably a case of gleet combined with hydrocele. The caustic was applied to the urethra, which removed the gleet, by inducing inflammation, and, at the same time, the hydrocele was cured by stimulating the vessels of the neighbourhood.

Case ii. page 475, completely proves, that irritating substances, such as bougies and caustic, may produce very dangerous constrictions in the urethra.

The cases adduced, page 484, &c. in support



of stricture being the cause of ague, which disappeared on these being removed, are by no means sufficiently supported. By careful examination in the early stages of them, it appears, that the patients resided where agues are common, and, in all probability, in the neighbourhood of places, which give origin to such complaints, and on their return as has been formerly stated, to parts of this country, where no such causes operated, they would soon have recovered without the bougie. They were probably spasmodic strictures, occasioned partly perhaps from the effect of the bougie, and partly from the horror of the patient at the very thought of such a barbarous operation.

The chapter, page 494, on the treatment of strictures in the œsophagus, is certainly a very extraordinary one. If, as I suspect, the disease arose from hysteria, combined with affections of the digestive organs, such severe treatment must have been unnecessary.

As a very great degree of similarity may be found in Sir Everard's reasoning in both volumes, to be even as minute in my examination of the second as I have been of the first (generally as I have treated the subject), might lead to unnecessary repetition, I shall therefore take notice of but very few of his cases, as almost enough has already been said on that part of the subject.

Any person who has read Sir Everard's first, and as far as page 46 of his second volume, may feel surprised, after all his reasoning, and the numerous cautions held out to others, that even he should have fallen into such an error, as he is candid enough to acknowledge in that section. The case adduced in proof of irritation in the urethra, from inflammation in the internal membrane of the bladder, is simply a spasmodic affection. The disease, he informs us was mistaken

by a surgeon in London for stricture, to which he applied caustic, and thus, by destroying every obstruction, gave momentary relief, but did not in the least remove the tendency to contraction. Thus continually harassed, and having suffered greatly from hemorrhage, the life of the patient was brought into the utmost danger. In this state he applied to Sir Everard for advice, who was, *by advice of his patient!* prevailed on to employ the caustic, although it had been so frequently used before, without yielding any thing more than temporary relief, and although he, Sir Everard, gives it as a case of *no disease in the urethra!* but one of irritation from inflammation of the bladder. The patient at length *died*, and the following were the appearances on dissection.

“ Upon inspecting the parts after death, it appeared, that there had been no stricture in any part of the urethra! The internal membrane of the bladder was in a state of ulceration, particularly the lower part, where the ureters enter it, except a line not broader than one-eighth of an inch, extending from each ureter to the middle line, where the two streams would unite. The orifices of the ureters were in a state of ulceration, and inflammation had extended itself all along the internal surface of the left ureter to the kidney, the pelvis and infundibula of which were in a state of ulceration.”

“ The use of the caustic, had made *five different holes* through the membrane of the urethra! of the size of the end of a common bougie, at a small distance from each other; and *a large abscess* had formed between the perinæum and buttock, into which the urine escaped by these orifices!!” Good God! what could have tempted Sir Everard to make such a case known to the world? Why has he exhibited such a mass of blunders and cruelties committed, not only by another surgeon, but by



himself? Why, if another surgeon went wrong, did he, *by advice of his patient!* persevere in a similar plan of practice? What became of all his advice and all his reasoning on such an occasion? Above all, when he committed the fault, why did he expose himself by exhibiting the urethra with *five holes* in various parts, to which the caustic had been applied *by mistake*, with a large abscess formed in the perinæum from the inflammatory action occasioned by the caustic, and the internal membrane, &c. of the bladder in a state of ulceration, probably from the same rude treatment?

It seems, from the history of this case, that, even, from the very commencement, by the properly regulated use of internal medicines and external applications, (not caustic bougies), this patient might have recovered.

I again urge, that the extreme difficulty of applying caustic *immediately to the strictured part*, independently of every other consideration, is very great, and perhaps there are few surgeons capable of hitting the mark. The consequences of such an error, must be extremely frequent. Even by Sir Everard's own confession, in some of his cases, it has occurred to him, and, conscious of the danger, he makes the following observation in page 57. "To accomplish this, requires great attention on the part of the surgeon; since the smallest inaccuracy in the application of the caustic occasions it to get beyond the natural boundaries of the urethra, and the smallest excess of violence brings on too much inflammation, and consequently, in such thickened parts, a suppression (I suppose he means retention) of urine; while, on the other hand, too much mildness prevents the patient from making any advance towards recovery."

These circumstances must render burning with caustic an operation of a most ticklish nature, which ought never to be attempted till every other

rational method we can devise, has completely failed of success, and even then, only by people who know what they are doing.

Case iii, page 127, is introduced as a proof of the *effect of stricture* on the bladder. “ The following case I am *particularly anxious* to lay before the public for several reasons; it was one which Daran and every surgeon since his time had taken charge of *without success*. It was one in which Mr. Hunter tried the caustic *without performing a cure*, &c. This case is detailed to the length of *one hundred pages*! and, after all, we find that Sir Everard was equally unsuccessful! This was a disease of the bladder, left kidney, and prostate gland, under which the patient had laboured fifty-three years. On dissection, we find evidence that the affection of the bladder, &c. had extended itself to the urethra, which shewed no morbid symptoms, *except at the very points where the caustic had been applied*.

Although, undoubtedly, various substances existing in the kidneys, ureters, or bladder, occasion great irritation, and often violent contraction of the urethra, even when no disease exists exclusively in that canal, yet these contractions are almost always of a spasmodic nature. They often originate in the urethra itself, in consequence of diseases of that canal, by harsh treatment, or by long continuance of disease, sometimes extending their influence to the bladder, ureters, or even to the kidneys.

On inspecting the body of the patient alluded to after death, the following appearances were observed.

“ The urethra had one uniform smooth surface throughout its whole extent; *there was no appearance of contraction in any part of the canal*; but,



upon a minute examination, the spots, where the stricture at five inches, and that at seven inches had been, could be distinguished by the membrane being thin, (*of course by burning with caustic, not by stricture!*) and more compact at these parts than in any other. The prostate gland was enlarged, and several abscesses had formed in its substance; these had opened into the cavity of the bladder, and the inflammation they had produced had extended itself over the internal membrane, which was crusted over with coagulable lymph. This adventitious substance projected every where by very irregular processes into the cavity, and portions of it had, during life, been occasionally separated and voided with the urine." Nor can I doubt that the too liberal use of caustic promoted the inflammation, aggravated the symptoms, and hastened the death of the patient.

In page 243, Sir Everard gives two cases, as instances of stricture brought on by onanism, in neither of which is there proof that stricture existed previously to the introduction of bougies. The first case is related as follows, page 247. "A gentleman who had early addicted himself to that pernicious vice, had the following symptoms brought on at the age of twenty-one; frequent emissions in sleep, attended with lassitude, depression of spirits, and loss of general health; headach, inability to apply his mind to business or exert himself, for the whole of the day after such an effect had taken place. These occasionally happened for several nights in succession, and then left him for six or seven, but that was the longest interval. The event of these attacks upon his reasoning faculties was such, as to make him completely miserable. I explained to him, that I thought it probable the symptoms of which he complained arose from a spasmodic stricture *immediately behind the bulb of*

*the urethra.*" What is there in these symptoms from which any one, except Sir Everard, could infer the presence of stricture? Not the general debility, lassitude, and depression of mind, for what could produce these more effectually than the inordinate exertion of these organs, every act of which, in the most natural way, is succeeded by that very state of mind and body! Not the nocturnal emissions, for such practices induce these quite independently of stricture. (See my cases of this disease in a previous part of this work.) I have seen hundreds of such instances. Besides, the very diagnostic symptom is wanting, by which we have a right to infer the presence of stricture of any kind, viz. the diminished stream of urine. But Sir Everard not only judges that there is stricture, but predetermines the very site of it, "immediately behind the bulb of the urethra!" Now, as it appears by his own statement that the urethra was "in an irritable state, and possessed of preternatural sensibility," we can easily perceive why it was contracted when the bougie was forced into it. The complaint of this patient he tells us, was very much relieved by the caustic!

In page 269, we find strictures producing other diseases. Section I. is entitled Erysipelas in consequence of stricture, but on examining the case adduced in evidence of this, it seems probable that it was the bougies introduced into the urethra, and not stricture, which caused erysipelas. (See case of eruption from the bougie in page 210 of this work.)

Section II. p. 271, is entitled Sciatica in consequence of Stricture, and in the next page Sir Everard tells us, "the application of caustic, and inflammation from other causes, produce the sciatica, but it does not appear to be an immediate symptom of the stricture."



In all Sir Everard's speculations respecting permanent strictures, he has carried none so far as in the notions he has entertained of stricture in the œsophagus. There are few men who do not, at some period or other of their lives, entertain very strange notions respecting many points of science, nor is it uncommon for such to publish their opinions on these subjects, when under the influence of these mistakes. In general, however, when they afterwards reflect seriously, it is more honourable for them to retract, than pertinaciously to insist on such notions being actually true!

We find, in Sir Everard's second volume, that he still endeavours to support the notions of strictures in the œsophagus being by no means an uncommon disease. He assures us, page 397, that these strictures are most common in the earlier periods of life. (He might have added, when the passions are strongest and when hysteria is most common!) Sir Everard's strictures in the œsophagus almost all occurred in females, or in men of delicate habit and irritable mind. In other words, they are commonly to be found in such persons as are most liable to violent hysteric affections!

The task I have now executed, has occasioned me many an unpleasant sensation. I waited, with the utmost impatience, for the publication of every book announced on the subject of stricture, in full confidence that some of those authors would anticipate what I had to say. I need scarcely state that I have been disappointed, for these works are now in the hands of the public, and may be consulted. Some indeed, have started very strong objections to the use of caustic bougies, but none have proposed any rational plan by which such obstructions could be removed; without, in many instances, occasioning more

torture than human nature was capable of supporting.

It is extremely painful for me to make innovations on any generally received plan of practice, but I could not witness the consequences of the harsh treatment which, on every hand, presented themselves to me, without appealing to the public tribunal to avert a repetition of such acts.



A  
PRACTICAL ESSAY

ON

*ULCERS, CUTICULAR ERUPTIONS, &c.*

AND THEIR

TREATMENT.

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THAT morbid structure of parts, termed an ulcer, consists of loss of substance in the affected part, of indefinable extent. The particular actions, peculiar to such a condition of body, especially those of long standing, frequently altogether exist in consequence of, and are, at all times, greatly influenced, by certain diseased dispositions of the general system.

The progressive process of an abscess, which often precedes ulceration, exhibits a beautiful provision of nature. Whether this arises from a constitutional cause, or solely in consequence of external violence, its uniform termination, in ulceration, is toward the external parts of the body. Were the process of ulceration, to proceed equally, on every side, throughout the whole internal surface of the abscess, there would, of course, be destroyed at least three or four times more of the structure of healthy parts, than is usually destroyed on such occasions. In whatever part of the body this might occur, it would be extremely distressing; on certain parts it would occasion most

dreadful deformity, and on others, from the contiguity of important internal organs, it would often be attended by the most imminent danger. Thus we almost always find, that the fluid matter, contained in an abscess, takes several windings and turnings, to reach the external skin, rather than proceed either toward any of the natural cavities, or make its exit by the natural passages or outlets of the body, although even situated nearer the latter than the former. This uniform rule, indeed, is not alone confined to the expulsion, from the body, of matter, formed by suppuration, but likewise all foreign bodies, of whatever description, introduced into the living parts, almost always obey the same rule.

Though many divisions, respecting the different nature of ulcers, are made by authors, I think such minute statements of little or no benefit, and may perplex those who follow them. When the neighbouring bones are sound, and cancer and lues venerea absent, I have scarcely found it proper to make any material alteration, either in reasoning or treatment. Authors, however, subdivide them into the simple purulent ulcer, the fungous, the sinous, the callous, the carious, the cancerous, the cutaneous, the scorbutic, and the scrofulous. Perhaps, without such subdivisions, considering them as *local* and *constitutional*, is sufficient. I neither treat of, nor do I here include, those which arise from what is termed a specific cause, such as venereal ulcers.

Whether ulcers owe their existence to a local or to a constitutional cause, they frequently assume every variety of colour, from a pale red, to a blue, brown, or even black. They also, in different persons, and in different parts of the same person, often produce a discharge of various colour and consistence, but the nature of this discharge, although arising from the immediate



condition of the diseased surface, is often also caused by the particular condition of the general system.

The pale red is the most healthy, and all the others are, more or less, deviations from that standard. These various appearances, are owing to their various degrees of indolence, from the very slightest till it has become so torpid, as scarcely to be influenced by the living powers of the body.

There is (unless in certain of these complaints, wholly caused by, and existing from, external impression), generally a latent disease, existing in the system, before ulcers appear on one or more of the external parts, especially those which are not caused by external violence : and the appearance of the ulcer is only a consequence, or merely an external effect, of the unceasing struggles of the animal powers, to throw such diseased action out of the body. The ulcer, under these circumstances, I consider rather useful than otherwise, because it seems one of those consequences of morbid action, which is often calculated to yield great relief. It is thus that many persons, habitually affected with ulceration, are tolerably comfortable, while these sores are open, and miserable while they are either shut, or cease to yield a free discharge ; and, when hectic symptoms arise from their presence, this is probably owing to the great increase of the same sort of morbid action, very possibly assisted by absorption of the matter, immediately formed by the peculiar action of the ulcerated surface.

It was this peculiar morbid action, of the animal body, which probably gave rise to the humoral pathology, or the absurd notion, that all diseases owed their existence to a certain kind of foreign matter, floating in the circulating fluids, while the truth rested rather in the morbid pecu-



liarity of the organs themselves. This is one of the many instances which may be adduced, how nearly we may approach the truth, and yet remain deeply in error.

I believe, contrary to the generally received opinion, ulcerous affections, except perhaps in some few instances on the trunk of the body, much oftener an occasional, though not absolutely a necessary, attendant on constitutional derangement, than a cause of it. There are certain constitutions, evidently of an unsound kind, which, although their possessors may exist through life without any external sore, yet should they suffer but the slightest abrasion of the skin, the part is soon converted into an ill-conditioned ulcer, malignant in proportion to the vitiated state of the individual's constitution. We find, too, that, in general, no external application can permanently, or even safely, remove such ulcers. Thus the miserable patient (without our even holding the absurd notion, of morbid matter floating in the circulating fluids) is, in numerous instances, doomed to groan under such a state during the course of a long life. All these affections, therefore, and other, somewhat similar diseases, of the external parts, like every other complaint, vary in their nature and severity, according to the state of constitution, age of the patient, the parts morbidly affected, their extent, and length of time they have continued.

That ulcers, in common with every other disease (which I believe, *in their commencement*, always particularly affect one organ of the body), are capable of being philosophically examined and philosophically treated, is certain, and I should sacrifice much to see that method adopted, of rescuing our professional deficiencies, and imperfections, from legalized quackery. In speaking thus plainly, I may displease certain interested



individuals, but, to either their praise or censure, I shall ever prefer my own approbation, and, of course, their opposition (come in what form it may) I fear not.

The jargon of the schools is hacked about from one to another, each attempting to overturn his predecessor's opinions; but, in doing this, the establishment of any principle of his own, seems out of the question. His utmost ambition (to judge by his writings), is to establish one or more insulated opinions, not uncommonly contradictory of each other.

The importance of proceeding upon another and more rational plan, is very evident, especially when the extensive and distressing nature of ulcers is considered—when assertion, and contradiction, or, at best, confusion, are too often met with in the works of the same author on these complaints, and this I shall endeavour to point out.

Though ulcers are seldom destructive of human life, unless when seated in some vital part, or so connected with it as to disturb its functions, there are no complaints more worthy the consideration of the rational part of the medical profession. To the feelings of the patient, these affections, when extensive, must be very distressing, besides, in addition to that, the disgust others must feel who are obliged to associate with him.

The nature of scrofulous tumours, which are, in most cases, the forerunners of most obstinate ulcers, is peculiar. The particular action of the affected part is not necessarily increased, and the general system being weakened, the individual often becomes greatly relaxed. The tumours are at first indolent, remain even for years stationary, or swell imperceptibly; except, perhaps in consequence of cold, when they rapidly attain a great size, become of a florid redness, are exquisitely painful, sometimes suppurate, and, though



not often, discharge healthy pus. In general, they acquire magnitude slowly, assume a purplish or livid hue, and are seldom acutely painful.

The great torpidity which generally exists in such habits, is truly astonishing. During inflammation, from other causes, producing suppuration, no collection of matter can take place, without at least being accompanied by pain, and perhaps other more alarming systematic effects; but, in scrofula, even very large collections of matter may form, without either being attended by any visible inflammation, pain, or those rigours or shiverings, so inseparable from the formation of pus from any other cause.

These collections of matter also do not, as in other instances of suppuration, always approach the external surface, at least for a great length of time; but more frequently form a tumour, often of prodigious size, and the matter thus passes from one place to another, till a very great extent of ulceration exists beneath the skin, and that without any external opening.

The integuments, however, generally at length become thin, they burst, and a glary liquid, occasionally mixed with flakes or clots of coagulated lymph, puriform matter, or a little blood and serum, and very frequently with curdy sort of matter, is discharged. In this condition such ulcers require the most powerful stimulants, general and topical, to produce and maintain that action in them, during which healthy granulations are formed.

Sufficient attention has never been paid to the sequela of Erysipelas, or what, in common language, is termed the *Rose*, although it is often productive of much distress.

After the violence of the systematic affection, generally causing this disease, has subsided, or, what is nearly the same in its consequences, the



Erythema of Cullen, where the systematic affection is wholly in consequence of local inflammation, many instances of both these affections terminate in cutaneous ulcerations of the most obstinate and disagreeable kind, upon those parts of the body where the above diseases had appeared externally. Independently of every other consideration, the great extent of surface they usually occupy, renders them very distressing. The legs are commonly their seat, and are often wholly affected by them, rendering the ill-fated patient completely incapable either of occupation or amusement. The parts assume a livid colour, discharging ill-conditioned matter from various parts of the diseased surface. In time, longer or shorter, according to the existing habit of body, extensive ulcerations appear in the parts, causing most acute pain, and discharging great profusion of variously coloured matter. The veins often become varicose, and, from time to time, hæmorrhage to a great extent occurs, causing much debility. To these I may add the immense puffy swelling, which almost always affects the limbs.

Such a disease often continues for many years, and most frequently during the remainder of life.

All ulcers, not disposed to heal, whether arising from local or constitutional causes, are foul, their surface is, more or less, irregular, their edges thin and irregular, and these irregularities generally project over the ulcerated surface, from the whole of which is discharged variously coloured matter.

#### *Treatment of Ulcers, &c.*

Having attempted to establish a principle, respecting that diseased action, constituting ulcer, &c. which I hope may be understood, and reasoned upon, I shall now demonstrate the operation of



the remedies calculated to restore the disorganised structure to its healthy condition.

We find, in every class of animals, all other circumstances being the same, that, in proportion to their extent of mental capacity, (according to our method of calculating its extent) they possess the less power of restoring or regenerating parts, which have been separated from their body; and, as we descend in the scale of being, this power of restoration, or reproduction, becomes proportionally greater, till we arrive at the most simple of all animated forms—the polypus.

This reproductive power is very considerable in the crustaceous tribe, for they frequently form whole extremities, perfect in all their parts. As we descend still farther, to worms, snails, &c. they can reproduce a new head or tail—the snail has even new horns, formed with those delicate telescopic eyes, and all their appendages, which are placed at the end of their horns. In man, however, who stands at the head of all animated beings, this regenerating power, even under the most favourable circumstances, is extremely limited. It is this circumstance which renders the healing of surfaces, even in the form of simple wounds, of much importance, and certainly this importance is very greatly magnified when we include the various situations and appearances, which ulcers so often assume, from the various conditions of health or disease, to which human nature is liable.

Ulcers, being either local or constitutional, must be differently treated according as they originate from one or other of these causes.

Of whatever nature ulcerations are, in whatever constitutions they occur, or whatever their cause, (venereal ulcers excepted) they are healed speedily or slowly according to the nature of the parts which enter into their formation. Thus all skinny and fleshy parts, under similar circumstances, heal much



more readily, than those of a ligamentous, cartilaginous, or bony structure.

When ulcers, or diseases of the skin occur in a tolerably healthy constitution, and are produced by a wound, bruise, inflammation, &c. they are seldom or never difficult of removal, nor require to be treated through the medium of the general circulation; because it is not often that they degenerate into sores of a complex nature, but continue what is termed a simple ulcer, which mild external applications will cure.

Perhaps the nearest condition of ulcers to that which I have just mentioned, are those in which, what is vulgarly termed, *proud flesh* is formed. These are little, if it at all connected with any particularly morbid condition of the general habit, and may be cured simply by compression, and that too without the aid of any other external or internal means. Perhaps I may not be well understood when I say healing by compression, for, the proper time either for the application of such pressure, or the adhesive straps, is neither taught in any course of lectures, nor explained in any surgical work. In many instances, the surfaces of ulcers assume a healthy action, and granulations shoot out from every part, but occasionally, these granulations are very luxuriant, and elevate themselves greatly above the surrounding parts. When this happens, surgeons in general think it necessary to reduce these granulations, by means of caustic substances. By such a method, they often do more harm than good, for these applications excite too high a degree of inflammation in the part, and thus retard the healing process which it was intended they should promote. When granulations become luxuriant, we may know, by this very circumstance, that the generative powers of the sore are too predominant, and it is proper to check, but not to subdue nor destroy them. The



granulating process, being too active, requires no stimulation; it is only necessary to overcome the protuberance from the inflamed surface, and this is easily accomplished by adhesive straps, or other means which retard growth by compression, and do not stimulate the surface. Except in edematous limbs, or in debility of blood-vessels, this is the most generally proper occasion when compression should be employed. Sometimes, however, before we are informed of such growth, it is so great as to require reduction by caustics, and even by the knife, but far less frequently than is imagined, and, by seasonable compression, might perhaps at all times be prevented.

There always exists, in every tolerably healthy system, a certain proportion of natural effort both to restore lost power, and repair lost substance; and it is only when the diseased action, either in the immediate part, or in the general constitution, is more powerful than this natural disposition of the body, that any ulcerated surface is prevented from speedily healing. The most general of all preventives, however, to their cure is unsoundness of constitution. In such unfortunate habits of body, simple as the cause which produced them, and trifling as their appearance may be, they, conformably to the particular tendency of the system, degenerate into one or other species of the ulcers enumerated by authors. Their cure is always tedious, and attended with many difficulties which, in the opposite constitution, never occur. To be successful in their treatment, therefore, it is, to these different conditions of body, we must direct our attention, rather than be influenced by the too commonly adopted practice, of being almost entirely guided in our proceedings by the external appearances of the diseased surface.

Thus if we find ulcers very difficult of cure, in a vigorous and healthy system, it is in ge-



neral from neglect of the above circumstances, or from improper local treatment. Thus when mild applications are made, if the ulcer does not readily heal, other modes of cure must be adopted, and, if we expect to succeed, the activity of these means must be, as nearly as possible, proportioned to the systematic derangement.

It is not my intention to insinuate that *all ulcers* arise from constitutional causes, for many constitutions, under such circumstances, are only morbidly influenced by the local affection—thus hectic fever (though frequently a constitutional disease,) is sometimes altogether caused by local ulceration. The most convincing proof of such local ulceration, on the extremities, for instance, causing hectic, is that, on the removal of such extremity, every symptom of hectic relaxes, and soon disappears. Very different is the systematic condition of those, in whom ulcers break out indiscriminately, and successively, on various parts, oftener independently of fever, than accompanied by it; and, although such ulcers seem not so alarming in appearance, they are more rooted in the system, and far less likely to be cured by the entire removal, of any part of the body, unless the systematic derangement be previously greatly altered for the better.

In the treatment of all ulcerous affections, as in that of every other complaint, we find authors of the most respectable name acting inconsistently, probably from their not having accurately discriminated, between ulcers purely local, and those wholly of a constitutional nature. Thus, in certain ulcers, one recommends the application of emollients, another says emollients are useless, and, in many instances, even hurtful. We again find the same, or a different set of authors, recommending the roller, and adhesive straps, while another (from extensive practice, he says) gives various proofs that ulcers do not heal under such pressure, but



get better immediately on its being removed! Which are we to believe?

In scrofula, the celebrated Dr. Cullen, in his usual cautious way, recommends, in a sort of doubtful manner, any of the mineral waters, and sea-water—bark he thinks not so useful—expressed juice of coltsfoot, useful—also, hemlock, when the complaint appears in the form of tumour. Preparations of antimony and mercury he forbids. Fordyce extols the bark, so does Fothergill, who also recommends small doses of calomel. Burns advises bark in large doses, with nourishing diet, &c. White recommends air, cleanliness, exercise, and diet, (all simple enough, and, I hope, very safe!) Cold bathing and proper clothing he recommends as preventives. He says, “The general idea of struma is, that it is a disease of debility; and, therefore, the great object is, to invigorate the habit by every possible means; the chief of which are tonic medicines, and sea-bathing.” In another place, he considers swelling of the lips, side of the face, and glands in the neck, roughness of the skin, eruptions of various parts, redness and swelling of the eye-lids and eyes, as of an inflammatory nature, and, for the removal of these, he prescribes small doses of calomel. He also recommends steam of warm water, electrical sparks drawn from the parts, mercurial ointment rubbed on the tumour, (when in that form) with saponaceous, mercurial, ammoniacal plaister over the tumour! or a liniment, with camphor, olive-oil, and spirit of turpentine! What a mess! For other eruptions, he uses ointments of sugar of lead, white camphorated, white cerate, with white precipitate of mercury, and aq-vegeto-mineralis, aq. calcis, solutions of sal, tart., or of muriate of mercury: again, vin. antimonial., tart. emet., and the decoct. lusitan—lignor—sarsaparil—issues, &c. What a pharmacopœia he has presented to us! It were very



uncivil, in so many medicines, for none of them to be useful!

Dr. Crawford and Pinel recommend muriate of barytes. Burns says little is to be expected from it. Fourcroy thinks the muriate of lime inefficacious. Burnt sponge, millipedes, kali vitriolatum have all had their admirers. Another prefers a mixture of iron filings, muriate of ammonia, kali præparatum. All the preparations of mercury have been tried, some praise, others blame them!

Nitros acid, natron præparatum, soda-water, hepatized ammonia, breathing of oxygen, are all alternately recommended and forbidden. When in the form of tumor, one will have it opened with the lancet, another forbids it! Extirpation of the gland is ordered and prohibited, as is the use of caustic and issues, setons, &c. Again, we find æther, and the lin. opiat., sea-salt mixed with bile, pressure, and cold water, and many more equally filthy external and internal medicines, advised and rejected. In short, every thing is recommended according to the whim of the author, and every thing seems to be forbidden on the (same want of) principle.

What are people, accustomed to be guided by common sense and serious reflection, to think of all this jargon, and how is a young man, or old man either, to proceed in his studies and practice, amid such labyrinths—such contradictions—and these advanced without an attempt at reasoning—and all by men of *eminence and authority not to be questioned? !!!*

Thus it ever was and ever will be with those who publish from anomalous observation and abstract reasoning: (and I am sorry there are so many such, connected with medical literature) they are sometimes right, but oftener wrong. To simplify, and adduce clear, distinct, and satisfactory reasoning can only be expected of one



who really knows what he is writing about; while it is the province of the visionary to bewilder, confound, and even to contradict his own statements—in short, his opinions can exist only by being artfully put together, and while they are misunderstood.

The ancients did not even attempt to cloke their erroneous notions of these matters, in such a chaos of inconsistencies, they made it no secret that the reasoning *they* employed, respecting the cure of the different appearances or stages of ulcers, was perfectly mechanical. Every part of their method of cure they laid down with all imaginable formality, as correctly as the rules for making boots or shoes. They had applications for promoting digestion, detersion, incarnation, cicatrization, &c. but these notions have, at least in name, been consigned to well merited oblivion. I wish the practice itself, even in our own day, were as thoroughly discarded as the names. We might then bestow on this important department of our art, that simplicity and order, from which only we can expect success, instead of a confused incomprehensible jargon of nonsense which has been a disgrace, not so much to our art, as to those who encouraged and promulgated such absurdities.

John Hunter was the man, above all others, whom I expected would say something satisfactory on the granulating process, in old constitutional ulcers, but he did not, in the smallest degree, improve our practical knowledge in these affections. Still he seems to have had a sort of confused notion of what kind of materials were likely to succeed in healing them, but he evidently did not know what these were, nor how it was to be done, which is proved by his not adopting it in practice. In page 480, of his laborious work on inflammation, he says, "Such sores have no



disposition in their granulations to unite, and nothing can produce an union between them, but altering the disposition of these granulations, by exciting a considerable inflammation, and probably ulceration, so as to form new granulations, and, by these means, gave them a chance of falling into a sound state." He also observes in the next page, " while they (ulcers) are in a state of granulation, we find them often dying without any visible cause: thus a person shall have a sore on his leg, which shall granulate readily; the granulations shall appear healthy, the skin shall be forming round the edges, and all shall be promising well, when, all at once, the granulations shall become livid, lose their life, and immediately slough off; or, in some cases, ulceration shall in part take place, and both together shall destroy the granulation; and probably where ulceration wholly takes place, it may be owing to the same cause. New granulations shall immediately rise as before, and go through the same process: this shall happen three or four times in the same person, and probably forever (and he was right), if some alteration in the nature of the parts be not produced." That Mr. Hunter had no idea of these circumstances, being wholly caused, not by local parts (as he hints), but by general derangement of the habit, is clearly evident by the remark which succeeds these observations, that " this circumstance, of the difference in longevity of granulations, in different people, is somewhat similar to the difference in longevity of different animals." Not at all, Mr. Hunter, the longevity of distinct animal life, and the mere effects of that life, in disease, are two very different circumstances. Still feeling that he had not satisfied himself of a knowledge of these matters, he at length concludes what is the truth, page 512, of the same work, " It (the

healing of the ulcer succeeding abscess) depends on the operation of the powers or abilities the machine is in possession of, more than any assistance the surgeon can give." It is very odd that, after this, a man of his wonderful ingenuity could form no practical doctrine on such knowledge!

Mr. Hunter proceeds to give the following case of constitutional ulcer.

"A man, aged 68 years, had an occasional inflammation in one of his legs, which often ulcerated, and which seemed to arise more from a defect in the constitution than to be simply local. In these indispositions his pulse seldom exceeded forty in the minute, and as he began to get better, his pulse became more and more frequent."

It is evident that the lowering of the pulse, in this case, was principally from constitutional debility, more than from the ulcer itself, and this is proved by his pulse becoming more frequent as he began to get better. Mr. Hunter only required to have a knowledge of those means by which the natural tendency to healthy circulation could be sufficiently increased and kept up sufficiently long to effect a perfect cure. The increase of natural circulation, which partly improved the health, shewed that nature had the inclination, but it wanted the power. The diseased action in the ulcer, was stronger than either such healthy powers as existed in the system, or were capable of being roused by the comparatively inefficient means employed, and, therefore, the stronger power, overcoming the weaker, he necessarily sunk back to his former state of disease. Mr. Hunter's knowledge on this subject may be compared to that of a man who can make a most ingenious dissertation on hunger, and on the various modes by which it ought to be allayed, but there he stops—he does not demonstrate the means by



which this is to be done—he treads upon the verge of rendering his subject complete, but he does not finish it.

Mr. Hunter, however, seems to have had a most perfect knowledge of the effects or powers of such substances as he was in the habit of employing, in the treatment of these constitutional ulcers, and these he doubtless often employed without effect. Like a candid and judicious man, he attributed to them no greater merit than he found them possess. In page 503, of the same work, he observes, “bark will, in most cases, only assist in supporting the constitution, but I should suppose it impossible to cure a disease of the constitution, till the cause be removed; however, it may be supposed that these medicines (strengtheners and antiseptics) may contribute to lessen the cause by disposing the local complaints to heal.”

In every period of the history of surgery the most successful plans of treatment in ulcers, though unsuspected by their employers, all acted on a similar principle; and, in whatever manner these various applications were made, whether external or internal, the substances employed were either uniformly of a stimulating nature, or the method adopted, in their application, produced stimulating effects. Of late years, the adhesive straps and roller have been successfully employed, and it is alone by supporting, and thereby stimulating the parts to which they are applied, that they can produce beneficial effects; not merely, as stated by Mr. Baynton, by the act of bringing the edges of the ulcer nearer together, for that *of itself* could do no important service,—it was the pressure, thus occasioned by application of the straps, which excited a new and more healthy action in the parts, and this pressure consequently altered the discharge, and

rendered it less offensive than formerly.—Could that be done by simply bringing the edges of the sore together, without altering the action of morbid parts?—no : but the pressure necessary to bring their edges together, altered their action, and consequently these straps possessed a double advantage over escarotics, of which Mr. Baynton was not aware.

In the regulation on our treatment we have only to consider that the adhesion we wish to effect, is wholly an act of health, and unless the disposition to form such adhesion be either present, or capable of being produced by such pressure, we may, with as much reason, attempt to make two deal boards adhere, by strapping and bandaging them together, as many of the old ulcers we meet with, practice, and which are daily attempted, and that most industriously, to be dragged into contact by such means.

The diseased action of all ulcers is principally at their bottom, or deepest part. Any attempt, therefore, to drag their external edges (or merely the effect of the disease) toward each other, while the *real seat* of disease is too deep to be influenced by such pressure, and, of course possessed neither natural disposition nor natural power to adhere, can never be followed by a permanent cure. Such ulcers as have been cured by such means, have all been so superficial as to have the action of their whole surface entirely altered, from a morbid to a healthy state, simply by such pressure. It could, therefore, only be in such cases, that Mr. Baynton and his followers succeeded. In all others it was impossible, and it was doubtless this which induced certain authors to approve, while others disapproved of such practice.

Such pressure has, I believe, ever been adopted, even long before the world was favoured with



Mr. Baynton's valuable remarks, and that too by people who were unconscious of the principle on which they acted. In small pimples, for instance, or very small phlegmons, people have ever been in the habit of squeezing them, till the contained matter bursted externally, and this pressure being frequently accompanied with, or followed by, small discharges of blood, and, of course, a certain degree of increased action in the part, and this was sufficient to make them heal. The practice proposed by Mr. Baynton must wholly have been founded on circumstances similar to the above, but, from its indiscriminate application, was not always successful in practice, because such pressure was equally resorted to, in local and constitutional, in superficial and deep-seated ulcers. Pressure, thus indiscriminately applied, so as to dispose the external parts to heal (a disposition always more common to them than to those more deeply seated), must always be succeeded by much unnecessary trouble. The external parts unite over the unsound, but this proves a delusion of short duration. The evil, being thus only locked up, it again and again bursts out afresh, to the no small distress of the patient, and to the amazement of his medical attendant, who, not being aware of the cause, is quite unable to unravel such an unaccountable occurrence, or provide against such truly unpleasant occurrences.

In healing such openings in such a way, from which probably there had been an accustomed discharge, perhaps for years, the vitiated constitution, either originally or subsequently attending them, still remained, and probably was even increased by that very act. The subject, however, will be very differently viewed when we recollect, that the most effectual treatment is, by principally depending for relief on means which act through the medium of the constitution, and, in most instances,

making our local applications only a secondary consideration.

We very frequently find that, in the treatment of such obstinate ulcers, and also eruptions on the skin, the strongest and most valuable external applications are quite ineffectual, or even produce bad effects, unless judiciously assisted by internal medicines. I have witnessed many cases, in which, although the constitution *seemed* sound, no attention nor variety of dressing produced good effects till these external means were assisted by the internal administration of certain substances, which exerted their influence on the general system. In all suspicious cases, therefore, when we are not altogether certain whether they are of a local or of a constitutional nature, it is a good general rule, rather to employ means, which will act on the general system sooner than necessary, than be a moment too long in making such applications. In the first instance, no harm can ensue, in the latter, nothing but harm, and consequently want of success, must follow. Thus, therefore, the general system is even more to be attended to than the ulcer itself; because, should we remove the generally vitiated state of the system, we bring back the functions of the always debilitated and often emaciated body to perfect health, and the ulcer, which existed only as a symptom of that state, will either of itself, or by the aid of mild external applications, entirely disappear. The complaint being then wholly removed from the general circulating fluids, as well as its external appearance in the form of ulcer, the common practice of substituting an issue is quite unnecessary, and always troublesome.

In these affections, the external parts should only be freed from such matter as may obstruct the discharge, and such measures must then be adopted, as will induce the healing process to



commence, where it ought to commence, at the deepest part of the ulcer, rather than merely at the external ulceration, and this disposition to healing must be gradually conducted to the external parts.

We observe the same means exerted, and similar phenomena evinced, in other somewhat analogous cases. Thus in all morbid collections of matter, within the body, it seems an invariable principle of human nature to revolt at them, and exert unceasing attempts to throw them toward the external parts. The healthy and undisturbed granulations of ulcers act in a somewhat similar way; they always commence at the deepest parts of the ulcer, and these granulations, gradually increasing, perpetually endeavour to push the diseased action out of the body, and it is only when our interference prevents the regularity of this healing process, that the result, as stated above, must be the consequence.

It is very far, either from my wish or my intention, to consider the introduction of adhesive straps into practice as no improvement—it was a great improvement—it was (whether supposed by those who introduced the practice or not) an attempt to accelerate the action of ulcerated parts, and render external deformity much less than it would have otherwise been.

Advantageous as the introduction of the straps and roller are, when judiciously employed, still the natural transition from producing and supporting such action, by any kind of external means, to that of effecting the same purpose by the internal use of proper medicines, the operation of which must be wholly under the influence of the rules of animal life, will appear very evident. The local action excited by the one, must be of much shorter duration, often extremely irregular, always uncertain in respect to the extent of its

effects, and consequently much less advantageous than the other.

Whatever means may be used, whether external or internal, they must be capable of producing certain local or general effects, the extent of which we can regulate at pleasure.

Our first object in the treatment, is to produce a slight degree of excitement or inflammation between the whole of the diseased and sound parts, but not much beyond what is necessary for carrying on the healthy operations of the animal body; in short, the parts must be rendered capable of forming healthy suppuration, during which, granulations are formed, and this condition of the surface comes nearest that of a simple wound.

It is, upon the above principle, of gently and judiciously increasing the action of the animal body, and the ulcerated parts as part of the whole, that all stimuli, administered internally, produce somewhat similar effects. Accordingly, in cases, which defied not only my every endeavour to cure, but equally that of the most celebrated men in this, and I believe in every country, I thought it proper to try how far such internal means would be beneficial: and I have found, so far as my experience goes, none so steady in their operation, so permanently effectual, and which can be used so long without losing its effects, as the tinct. lyttæ; indeed, my success with that invaluable medicine far exceeded my most sanguine expectation. It seems to act, by affording to the natural operations of the body, that power to throw off disease, of which it was previously incapable.

I have sometimes observed a peculiarity of action on diseased surfaces, to a considerable extent, which internal medicines, however long continued, scarcely ever overcome. In such cases, when the system has been sufficiently excited by



the internal use of tinct. lyttæ (but not till then), and the vessels then destroyed on the diseased surface by a blister or any similar application over it, I have never failed of complete success.

In the internal administration of tinct. lyttæ, in the cure of ulcers, as in the use of that substance in the removal of other diseases, an inflammatory state of the system will be urged as improper, or even dangerous, during its administration. Authority, for some time, awed me in these as in some other matters, but, since I have learned to rely on authority only when evidently rational, I have found perplexity, and even inconsistency, in some measure disappear. I have used the tinct. lyttæ in greater quantity, and, I dare say, under greater variety of circumstances, than perhaps any one else, and I have found it, when judiciously applied, not only absolutely necessary to the removal of many morbid affections, but also incapable of producing injurious effects, however long used.

I hope I shall ever entertain a proper respect for authority, but this respect I believe to consist in countenancing it only while it outstrip not reason, and always have actual experience and accurate observation to recommend it. I also hope that I shall never be intimidated, by any name, from stating what seems to me correct, however different from the generally received opinions of the day.

Such action of the ulcerated surface, thus produced, is an action added to the usual natural powers of that system—yet such increased action is of a healthy nature, because it is productive of salutary effects. The degree of inflammation, therefore, necessary to this process, is so mild, as neither to cause disturbance to the animal functions, nor even painful sensation in the part. All other increased, as well as diminished, actions

of the animal functions, are incapable of producing healthy effects, while the above is an instance of increased action, permanently salutary in its influence.

It is not during much pain, or unpleasant irritation, that we can reasonably expect a radical cure, for, even should adhesions then take place, the affection, most probably, will soon break out, either in the same place or near it. Thus while any ulcerated surface is still disposed to maintain sufficient morbid action to irritate or distress, either the neighbouring parts, or the whole general system, we may rest assured that the remedies employed are either of an improper kind, not employed in sufficient quantity to alter the action of disease, or, from their nature, altogether incapable of producing the necessary effects.

Our endeavours to heal such surfaces, must be conducted during the very slightly accelerated action previously mentioned, because we would be equally thwarted in our hopes by such a condition of parts below, as by one much above what I have mentioned. By the former, the act of healing could not possibly take place—by the latter, one suppuration would constantly succeed another, and thus render healthy union impossible.

There cannot be a better proof that the progress of ulceration is arrested, and that an union of parts will speedily follow, than by the surface of the ulcer becoming less irregular, smoother, clean and more equal, studded over with little points or eminences of a florid red colour, its edges rounded and discharging healthy pus. While this condition of the parts continues all goes on well, but, even after such appearances have given us reason to hope, should such surfaces assume a livid blue colour, from whatever cause, our expectations must be moderated accordingly.



This proper degree of action must be excited, whether the ulcers be of a specific nature, such as venereal, or as existing merely from a constitutional taint. The surfaces will thus possess an equal degree, and a similar kind of action, and then only we find the cure easily and permanently effected.

It is alone during this condition of surfaces, that pus is secreted. Various individuals have entertained various opinions respecting the formation, and, also, the uses of pus. It seems to me very evident, that its formation has nothing to do with the parts lost in the process of ulceration, it being neither formed by such dissolution, nor materially altered in consequence of it; but solely by the particular action, then existing on the surface, between the healthy and diseased parts of the body. This particular condition of such surfaces, and this only, shows that they have assumed a disposition to heal. No condition, indeed, into which ulceration can be brought, is so likely to terminate favorably, and to remain permanently closed, as that kind of action during which pus is produced. This being a fact of which every one who ever watched the progress of an ulcer must be aware, it is quite unaccountable how John Hunter should assert, as his opinion, that coagulated blood, was the immediate bond of union of divided structure, while, he says, "pus is unfriendly to union!!" He also took it into his head that from such coagulated blood, even the blood vessels themselves were formed! I confess myself quite unable to comprehend either how coagulated and of course disorganised blood could possibly be the bond of union—how such blood could be formed before the formation of the very vessels by which it was circulated, or how "pus is unfriendly to union." Yet I am

sure Mr. Hunter must often have observed, (for, when unswayed by hypothesis, he was a keen observer) that the best and surest proof that all kinds of ulcers, whether venereal, cancerous, &c. were in a fair way of healing, was on their producing healthy pus from their surfaces, and, till this effect was produced, all appearances of healing were fallacious and could not be depended on.

When, however, an unpleasant degree of irritation exists in such ulcers, and when they secrete a fluid of a dark colour and putrid smell, this is not pus, but a secretion farther removed from healthy disposition.

Pus does not seem, of itself, to possess any specific uses in the process of healing, but seems principally useful in covering and defending the tender granulations, from the necessary dressings, but more especially from the effects of external air.

When the edges of old ulcers have acquired a degree of hardness, almost the consistence of cartilage (which not unfrequently happens), I have used caustic with great advantage, and have even sometimes found it necessary to remove such hard portions with a knife. Such a state of parts acts somewhat similar to a foreign substance, introduced between the surfaces of the ulcer, and must, of course, be removed before we can effect a cure.

When the means, by which the system has been brought to that slight excitement, during which ulcerations heal, and when we have effected our purpose, and judge it proper to withdraw them from the body, the animal functions naturally fall back to their regular condition, and this constitutes the healthy functions of the animal economy.

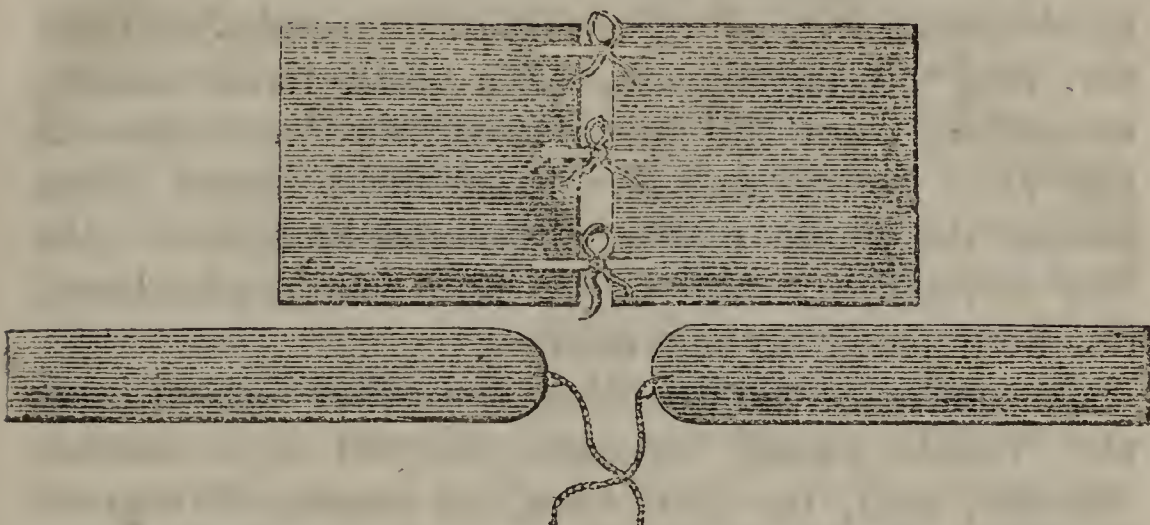


Adhesion, under these circumstances, is one of the most beautiful processes of animal life. It consists in that principle of living matter endeavouring to restore, and render complete, those parts of the body which had been removed or previously influenced by disease.

There often occur in practice, ulcers on certain parts of the body, such as the face, which unless judiciously managed, after they have been brought to that healthy condition, during which granulations are formed, may heal and leave a very unpleasant degree of deformity, which ought, by all possible means, to be avoided. For this purpose, there are two methods for bringing the edges of the ulcerated surface together, viz. either by stitches, or by the application of pieces of adhesive plaster, so as to prevent their receding while the healing process proceeds. Of these two methods stitches are the most objectionable, because the wounded surfaces are only brought into close contact where the stitches are applied, while the adhesive plaster embraces a larger surface, and the pressure from it is applied with equality. Instead, however, of applying the plaster, in the usual way, after bringing the edges of the ulcerated surface together, the following plan ought to be preferred.\* Two pieces of adhesive plaster being procured, proportioned in size to the extent of the ulcerated surface and ligatures put through them, near their edges, at about an inch or an inch and half from each other, are applied near each edge of the ulcer, and, the ligatures being tied together, the ulcerated surfaces are thus generally brought into close contact, and, the scar is, consequently, rendered

\* See an inaugural Thesis by my brother, published at Montpelier.

much less than it would otherwise have been. This is the plan.



Although newly granulated ulcers possess much less firmness than the originally formed parts of the body, yet they always possess enough to enable them to maintain what ground they have gained, unless the general system has been tainted, and causes them to slough.

I hope I have thus far succeeded to the satisfaction of my reader, and when he compares the preceding remarks, and the following cases, with every book written on the subject of ulcer, &c. he will be enabled to draw a comparison; and, he will be more fortunate than I have been, if, in these authors, he can detect an attempt to establish any thing beyond insulated statements, often contradictory of each other—in short, a dismissal of all philosophic reasoning, and consequently of every rational mode of acting.

I am mistaken if I shall stop here, for new practical facts will inspire me with new confidence, and my fellow mortals shall never want my endeavours in their service, when what I can either say or do may relieve their distresses.

### CASE.

A GENTLEMAN, aged 45, received a blow on his right leg, a little above the ankle, which caused



inflammation, and afterwards an open ulcer. In a few months, three other ulcers broke out on the same leg, all of which discharged thin matter, and the leg became of a dark livid colour, extending from the ankle to within two inches of the knee joint, and a watery fluid issued from almost the whole of the discoloured surface. He was advised to take bark, and use sea-bathing, but he derived no benefit from them.

A year after the accident, the other leg, without any visible cause, became affected in a similar manner, and, for their cure, he employed a great many applications. The sores were sometimes covered with a thin pellicle, but never remained so more than a few days.

When I was consulted, his legs were considerably swelled, particularly about the ankles, of a dark brown colour, and, on either leg, were three round ulcers, each about an inch and a half broad, discharging thin brown matter. He suffered little or no pain, but felt much weakness in his ankles and knees. I prescribed the tinct. lyttæ, which he continued to use for about six weeks, with the application of the roller of cotton cloth, from the toe to the knee, when he recovered completely.

### CASE.

A CARPENTER, aged 29 years, about twelve years ago, cut his left leg with an adze. The sore had, since that time, been frequently skinned over, but it always, in a short time, broke out again. He had applied to several medical gentlemen for relief, and, after every external application, from the mildest to the most corrosive, had been used without effect, he, for several years, considered it incurable, and, while it permitted him to follow his ordinary occupation, he was contented.

This patient had one ulcer near the middle of the leg, about two inches and a half in diameter, with thick irregular edges, discharging thin brownish matter in considerable quantity, and several other sores about the size of a sixpence surrounding it; but these smaller ones had only troubled him a year, and they were neither deep nor have they thick edges, although they discharged matter equally unhealthy with the large ulcer. The leg and foot were swelled, and about two-thirds of its extent was of a livid colour. I therefore prescribed the tinct. lyttæ to be taken in sufficient doses to produce the usual effect on the urinary organs.

Various changes were produced in the state of these ulcers during the time he employed the tincture, which was about eight months, when his leg entirely recovered, and he was completely able, without any inconvenience to work at his trade.

### CASE.

A WOMAN, aged 35, of a robust habit of body, was, about eighteen years ago, affected with erysipelas in her right leg, which occupied the whole space from the knee to the point of her toes. Leeches were applied over the inner ankle, and the wounds made by them, degenerated into foul ulcers. These soon healed, and the redness entirely disappeared from the limb. She still complained of weakness in that leg, and, being a kitchen servant, and obliged to fatigue herself considerably, she was often, before night, scarcely capable of supporting her weight upon it. Two years afterwards she twisted the ankle joint of the same leg, and that part of it, which had been formerly ulcerated, had the skin rubbed off, and an astonishing quantity of blood was discharged by the opening. This wound, however,



was soon healed, but the leg was always, in a greater or less degree, swelled for eight years. About that time she had another attack of erysipelas in the same leg, which she attributed to her living in a damp house. This disappeared in about a fortnight, and the ulcerated part before mentioned, broke out afresh. It was again healed by the application of ointment, but the swelling continued, particularly toward evening.

Eighteen months ago, after undergoing considerable fatigue, the swelling in her leg increased to an amazing extent, the ulcerations again commenced, and varicose veins appeared in different parts of it. She became greatly alarmed at this appearance, and applied for assistance at the Royal Infirmary of Edinburgh, where adhesive straps were applied to the ulcerated parts, and bandages of cotton cloth were used. She was dismissed from the Infirmary perfectly cured in less than a month.

A few months after she was exposed to dampness and fatigue, and the swellings and ulcerations, in the same place, again broke out. She renewed her application to the Infirmary, where the same practice was followed as formerly. From this she derived great benefit, and was a second time dismissed, cured. A few days after she left the house, the ulcerations became much worse, and the swelling increased. This last she kept under by bandaging, but the ulcerations continued to extend, and, when she applied to me, and gave the above account of her disease, her leg, from about a hand's-breadth below the knee, to the upper part of the foot, was of a livid colour. The varicose veins still existed all over the diseased surface, and there were two ulcers above the inner ankle joint, the smallest about an inch in diameter, and the larger of an irregular form and appearance, and about six or eight times the size of the other, both

discharging thin matter. I prescribed the tinct. lyttæ to be taken in the usual doses, and to apply a tight roller of cotton cloth to the diseased leg, from the point of the toes to her knee. This practice was continued nearly two months, when the wounded surface being quite healed, she went into the country. A year after this, my patient had no return of her complaint, and the swelling and livid colour had almost disappeared.

### CASE.

A stout, active, little man, aged 45, wished my assistance for an inveterate and tedious affection in one of his legs.

Several years ago the wheels of a cart passed over him, and broke both bones of the leg, a little below the knee. The soft parts of the leg were very much injured, and, while struggling violently at the time of the accident, he had forced the upper end of the inferior portion of the fractured bone upwards, and backwards through the integuments.

The bones were replaced and united, and the lacerations of the fleshy parts also healed, but the limb never returned to its sound state, for it swelled, reddened, and was very painful. These symptoms were so much moderated by means of bandages, that he thought he might venture to use the limb without the help of them. The limb, however, continued swoln, particularly about the ankle, and, in a few months, was seized with a painful erysipelatous affection, and an eruption; this degenerated into open ulcers, which united and formed larger ones. The pain continued, the ulcers discharged thin ichorous matter, which excoriated the neighbouring parts, when, through neglect or otherwise, it happened to come in contact with them. He used the limb, but not without great uneasiness. He had em-



ployed, with little advantage, every internal and external remedy which had been suggested or prescribed to him.

In the course of about a year his leg swelled considerably, the discharge of thin matter increased in quantity, but the pain abated, and it is now several years since any alteration had taken place, either in the swelling, discharge, or pain; but he thinks the leg much weaker than the other.

Being incautiously managed, the portions of the broken bone had overlapped each other, so that the inferior portion adhered to the inside of the superior portion. The leg was much swelled, the foot edematous, and, from the knee downwards, of a mahogany colour, in many parts of a deadly lividness, infested with many sores, some deep, others like excoriations, which discharged thin ichorous matter in great profusion; but he was very seldom troubled with any pain. I prescribed *unguentum nutritum* to anoint the surface of the affected parts morning and evening, and pills containing the muriate of mercury, three to be taken each day, with a tight roller of flannel or cotton cloth put round the foot and leg, from the toe to the knee joint. Under this plan his leg began to decrease in the swelling, and, for about six weeks, the ulcerated parts looked better. During the above period, he twice omitted to take the pills for a few days, and the sores evidently grew worse.

For about six weeks the appearances were favourable, but after that the means employed seemed quite ineffectual. Circumstances here were very unpromising, yet, after some reflection, I deemed it proper to try what effect the *tinct. lyttæ*, used internally, might have in invigorating the limb. I therefore prescribed that medicine which he continued to use for several weeks, when his leg assumed a more healthy appearance,

and at length completely healed. The livid colour too entirely disappeared.

This seemed, upon the whole, a hopeless case, not from the long duration of the complaint, nor from any particular taint in the constitution, but because it was impossible to remove the cause, viz. the overlapped bones very much distending the upper part of the limb. Accordingly I informed my patient, that I intended to give him a certain medicine, which I employed in old ulcers with great advantage, to try if the limb would be strengthened by it, for, on account of the overlapping of the bones, I did not think myself warranted to promise a complete cure. What was my surprise, when the affected parts gradually assumed a more healthy appearance, granulated, formed good pus, and received a sound covering!

The healing process, assisted by the tinct. lyttæ, presented itself in a very beautiful and instructive light. That livid rubor, which occupied the limb from the knee to the toes, gradually diminished from the knee downwards, and toes upwards, and the integuments assumed the colour of those which invest sound limbs.

This is one of the many proofs of the great extent to which parts of the living body accommodate themselves to circumstances, for this limb has become sound, and the muscles perform their office, though the parts of the limb are irremediably out of their proper situation.

About eight or nine months afterwards, this patient's ankle began to swell, and several pimples broke out, but after taking a few doses of the tinct. lyttæ, bathing the affected parts with spirits, and using the roller formerly mentioned, he entirely recovered in about a fortnight.

### CASE.

A boy aged 11, of small stature, but healthy



appearance, enjoyed good health, till about eighteen months ago, when, without his parents or himself being able to assign any cause for it, two phlegmonous swellings, about the size of a walnut, made their appearance on the outside of, and rather below the elbow joint. They broke, and the discharge was small in quantity, and of thin consistence. He applied at the Royal Infirmary of Edinburgh, where he was ordered to dress the sores with the calamine cerate of the shops. He continued this application three weeks without any benefit, when another phlegmon, or tumour, made its appearance three inches farther up the arm than the former, which likewise broke, and discharged matter of similar consistence. The same kind of dressings employed in the other sores, were likewise applied to this.

About three months afterwards, he received a kick from a horse on the fore part of the ankle joint. This was followed by considerable swelling of the under part of his leg, which, in a few days, terminated in a phlegmon near the ankle joint. This broke and discharged matter, similar to what proceeded from his arm, and the motion of the joint was considerably impeded. He was desired to apply poultices around the ankle, and over the sore, but, from them, he derived no benefit, although he continued their use for several weeks. He now began to suffer considerably in general health, and another sore, similar to the last, rather more towards the outside of the leg, appeared. Sea-bathing, with a great variety of dressings, were employed, but from these he felt no benefit.

When he applied to me, his general appearance indicated considerable debility. The sores looked remarkably unhealthy, those on the leg, in particular, had thick callous edges, and the ankle joint was considerably enlarged and stiff. He walked on the point of his toes, and kept his knee

joint constantly bent, because he could not stretch it without great pain, both in the ankle joint and in the sores. The flexor muscles of the fore-arm were so much contracted, as to cause the fore-arm to form a right angle with the humerus.

As none of the glands, on any part of his body, seemed preternaturally enlarged, and as the ulcers, which were evidently of a scrofulous nature, seemed, in their general character, similar to what I had treated successfully with the tinct. lyttæ, I prescribed it, and desired him to dress the ulcerated parts with simple ointment. He continued to be variously affected with that medicine for more than seven months, when he completely recovered. During the cure, also, he had employed various stimulating applications externally. This patient had no return of his complaints two years afterwards.

### CASE.

An unmarried lady, aged 21, and of healthy appearance, twisted her right elbow joint, which gave great pain for two or three days, when it abated. The swelling never protruded above the size of a walnut.

Two months after the accident, she applied to an apothecary, who gave her solutions of acet. plumbi, but she derived no benefit from this application, although she persevered in its use for several weeks. She then applied to a surgeon, who gave her solutions of the same kind, still without effect.

She now felt considerable pain, extending about three inches farther down the arm than the swelled spot, or where she first felt the pain. In a month the swelled spot, on the joint, began to inflame, and, in the course of a few days, broke, and discharged a quantity of thin acrid matter. The swelling immediately fell, and there remained no



inequality above the skin. She described the opening as little more than would have admitted the head of an ordinary pin, and, upon pressure applied from below upwards, a considerable quantity of thin matter flowed out by it. Unless the sinus was thus emptied every morning and evening, the pain was severe. The motion of her elbow-joint was not impeded for more than a month after, from which time she, by the advice of her medical attendants, used, at different times, various kinds of ointments, but never reaped any sensible advantage from their use. She also had setons introduced at parts somewhat distant from the ulcer, but, as might have been expected, derived no advantage from them.

She came from the country, and gave me the above account of her complaint, and of the medicines employed to remove it. She never felt any swelling in her neck, axilla, or groin, except last winter, when, after having exposed herself to dampness and cold for a considerable length of time, she felt several swellings on the right side of her neck, one as large as a pigeon's egg, the rest smaller. They soon went off.

There was no other opening than the one already described, immediately over the outer condyle of the humerus, which scarcely admitted the point of a small probe, and still discharged the same kind of thin matter, nearly a table-spoonful of which I pressed out of it. I first introduced a probe, which passed along the sinus downwards, without obstruction, or causing the least pain, and, on withdrawing the instrument, there was an increased discharge of thin matter. I next introduced the probe about two inches upwards, with the same ease. In short, this sinus commenced about two inches above the elbow-joint, on the radial side of the olecranon, crossed the joint obliquely, and then proceeded about six inches

along the posterior part of the arm, in the direction of the ulna, where it receives the interosseous ligament. I laid this sinus completely open. On examining, I found other three sinuses communicating with the first, and laid them all open.

I dressed the wound once a day with strong ointment of axunge and the red oxyd of mercury, and bathed it with a strong solution of sulphate of copper. Neither of these applications gave pain, more than five minutes after each dressing.

I continued to employ similar treatment for about three weeks, during which the ulcers often seemed to assume a tolerably healthy appearance, but, on examination, finding more extensive and deeper sinuses, I abandoned these, and prescribed the internal use of tinct. lyttæ. After continuing this medicine, progressively increasing the doses sufficiently to affect the urinary organs, for about ten weeks, she completely recovered. During this cure, I made it a rule to open all sinuses the moment I discovered them, washed the wounded surface with spirits, and sometimes dressed it with escarotic substances. When the parts had assumed a great degree of healthy action, I applied pressure to the sinuses with the greatest advantage. The glands of the neck and axilla swelled, but, by cold applications, and diminishing the use of the tinct. lyttæ, with the administration of some cathartic medicine, they were subdued.

It is now about four years since I cured this patient, she has had no return of her complaints, and can use the arm, in every respect, with the utmost freedom.

### CASE.

A gentleman, aged 35, lame, and of a weakly habit of body, applied to me with a small tumour of a livid colour, situated about three inches to-



ward the right side of the thyroid cartilage, which evidently contained fluid matter, but he would not submit to have it opened, and went into the country. He soon returned, and informed me that the tumour never had increased beyond the size of a small walnut, and had never given him pain. It had broke, and discharged thin matter, and a surgeon, in that part of the country, advised him to apply a poultice for a few days, and afterwards to dress the external sore with ung. basilic. He continued, however, to observe these instructions, without benefit, till he came to Edinburgh. On examination, I found two small openings discharging thin acrid matter in great abundance. I introduced a probe, which passed easily forward over the anterior surface of the trachea, forming a cavity of considerable extent. By dissecting off the integuments, I laid the sinus completely open, and thus an ill-conditioned ulcer was formed, extending three inches across the fore part of the neck, and one and a half from above downward. I prescribed the tinct. lyttæ, which soon affected him in the usual manner. The ulcers were occasionally opened, when any of them assumed the appearance of sinuses, and washed with spirits. In six months he had completely recovered.

### CASE.

Mrs. ———, aged 44, of slender habit, about a fortnight before she applied to me for assistance, had exposed herself to dampness, and fatigued herself much. Towards evening she felt coldness, shivering, and feebleness. The shiverings continued, and she slept very little all night, but they went off next day, and she thought herself much better. In the course of a few days she was seized with stiffness in her neck, and a swelling made its appearance about the angle of the

jaw, on the right side. Several of the glands on the same side were affected, and they continued to increase in size till I saw her. From the ear to the top of the shoulder, the neck was of a dark livid colour. Fluctuation being distinctly felt in the tumour, I opened it, and there was discharged a large quantity of clear thin fluid, mixed with coagulated lymph. The internal surface of the ulcer was very extensive and deep. I washed it, and injected equal parts of tinctura opii and alcohol, which gave very little pain, and dressed it externally with simple cerate. All the glands of that side of the neck suppurated and broke, and several sinuses had formed, which were laid open, as far as could with safety be done. At length the ulceration and sinuses occupied all that side of the neck, and seemed disposed to extend in every direction. The whole length of the *sterno cleido mastoideus* muscle was detached, except at its origin and insertion, and, from the whole wounded surface, was discharged thin foetid ill-conditioned pus, in great abundance.

The most stimulating dressings I could think of were now applied, and injections of equal parts of tinctura opii and alcohol were used twice a day, and bark and wine internally, yet new sinuses were daily forming. Though some parts of the wounded surface now and then assumed a tolerably healthy appearance, this seldom continued more than a day or two, when they degenerated again into their former unhealthy state.

Every external stimulant application being ineffectual, and the patient's health sinking, in consequence of the great discharge, I began the use of the tinct. lyttæ internally in the usual doses. After she had used this medicine some time I was informed that she had been affected with *fluor albus* for many years, but that she now was afraid of it, for the matter discharged *per vaginam* had be-



come very thick. It was found necessary still to open some very large sinuses, which run parallel to the edges of the *sterno cleido mastoideus*, and a deep tumour behind the ear, from which pure pus was discharged; and, by a probe, I ascertained that the matter had insinuated itself between the interstices of the more deeply seated muscles. By keeping the ulcers on the neck clean, and applying dressings of simple cerate, and pressure, to them, with the internal influence of the tinct. lyttæ, the livid colour changed into a florid red. Granulations formed, the detached portions of the muscles gradually adhered, the *fluor albus* disappeared, and she was in a few months completely cured of her complaints, and even now enjoys the very best health.

### CASE.

A WOOD-CUTTER, aged 24, stout made, was about seven years ago affected with scrofulous swellings in several parts of his body, but only those of his neck suppurated and broke. He applied to me on the 22d of April 1806, and as it may be of some importance to convey to the reader an idea of the general appearance of his disease, I shall attempt to describe it.

On the right side of his head and neck was one ulcer, between the *sterno-cleido-mastoideus* and *masseter*, extending from the lobule of the ear to the angle of the inferior jaw, and discharging matter by two orifices. There was a second ulcer, about an inch from the former, situated on the cheek, its upper edge being opposite the termination of the parotid duct, itself extending downwards, uniting with another ulcer under the maxilla, and stretching along in that direction. These discharged matter by four orifices. Another ulcer was situated between the *trapezeus*, and *sterno-cleido-mastoideus*, and extended across the inferior extremity

of the *platysma-myioideus* to the *sterno-hyoideus*. A very large ulcer extended from the inferior edge of the thyroid gland, over the *sternum* to the insertion of the second pair of ribs, and was covered with scabs on this side. There was also an ulcer running across under the chin, which united those on opposite sides.

On the left side, the ulcers were much more extensive than on the other, and not so capable of the same description. They seemed, however, to form three lines, one commencing behind the *mastoid* process, extending downwards to near the *acromion*. The second, from behind the lobule of the ear to the anterior half of the *clavicle*, and the third, from the *zigmatic* process of the temporal bone, over the *masseter* and upper part of the *platysma-myioideus*, joined as above described with the ulcers of the opposite side. The matter was discharged here by numerous orifices, and approached somewhat to the appearance of laudable pus. His neck was in general very much enlarged, it being at least equal in circumference to any part of his head.

The axillary glands were slightly enlarged, but all the glands in both groins, along the course of *pouparts ligament*, and extending down upon the inside of the thigh, were universally enlarged.

The disease began by the ulcer above the *trachea*, which broke about five years ago, after having been diseased fully two years, and all the other part about the neck becoming also affected, broke three years ago. The whole neck and face continued more or less swelled. The general health, continued all the while pretty good, except from time to time severe pains in the bowels affected him, which were eased by the discharge of flatus downwards. He does not recollect if he was, at these times, costive.

When he applied to me, he complained of loss



of appetite and sickness, in consequence of which he had been unable to work at his trade for several months. From the general tendency to glandular swellings in this case, I conceived it more prudent to employ the solution of the muriate of lime, than the tinct. lyttæ; as, in several cases of very large glandular swellings, I found this medicine, when used in large doses, from four drams to an ounce each day, of the greatest service. I know that this valuable medicine, like many others, has been nearly consigned to oblivion, from an idea, propagated by men *thought* eminent in their profession, that it is possessed of no useful quality, but this is not very uncommon in our profession; for, unassisted by reasoning of any kind, one medicine after another has been applauded, has retained its popularity for a length of time, and has at last been completely neglected. Not that the medicine wanted power, but its employers wanted judgment. I prescribed this medicine to be taken, at first, in doses of half an ounce per diem, to be gradually increased. I, at the same time, prescribed, as tonics, Peruvian bark, and carbonate of iron, to restore the appetite and promote digestion, desiring that the ulcerated parts should be bathed with warm sea water, and dressed with simple ointment.

On the 30th of May I prescribed a solution of the sulphate of copper in water, to wash the ulcers, and desired that the muriate of lime should be continued. A tumor appeared over the jaw, and directly under the *dens caninus*, which, in two days, became as large as a walnut, and seemed completely filled with matter.

On the 7th of June this tumor had shrunk, and nearly disappeared, without any external opening, and the fluctuation of matter was scarcely felt in it. The ulcers had a more healthy appearance than he says they have had since the com-

mencement of the disease. No new swellings or ulcers had broken out since he began to take the muriate, and he was now able to work at his trade, was free from sickness, and took his victuals well.

On the 29th I repeated the mixture as formerly, the patient still continuing to get better.

On the 11th of July swelling of the glands was greatly removed, but the ulceration was worse, and very universally spread all over his neck, for the most part in small distinct pustules, discharging thin white matter. I now determined to give up the muriate, and try tinct. lyttæ, which I had hitherto declined doing, on account of the swelling of the glands; but, as he was obliged to return to the country, before he could arrange matters to stay in town during its use, he did not begin to take that medicine till the 9th of August.

The ulcers were still discharging unhealthy matter, and there was a tumor, the size of a walnut, almost above the trachea, in which matter evidently fluctuated. I prescribed the tinct. lyttæ to be taken in the usual doses.

He continued this medicine, without any perceptible effect, till the evening of the 12th. While in bed he felt intolerable itching all over his body, and, on examining his skin, he discovered blotches, of the size of a shilling, completely covering him, and appearing as if he had been stung by nettles.

On the 13th, he informed me of this circumstance, when the blotches had almost all disappeared, and he felt a kind of soreness in several parts where they had been. He had taken none of the mixture since last night, being terrified lest the blotched appearance of the skin should return. The discharge from the ulcer was of a thin watery appearance, except in one small spot under the right ear, from which thick white



matter was discharged, in greater quantity than was poured out by any of the ulcers of a similar size. No effect had been produced on the urinary organs. The tumor, mentioned on the 9th, broke this morning, and discharged thin matter. I ordered a poultice, and the recommencement of tinct. lyttæ, in rather larger doses.

On the 15th, no effect was produced by the tinct. lyttæ on the urinary organs, nor had the blotches troubled him again. Several of the ulcers discharged thin, others thick white matter, but formerly they all discharged thin ill-conditioned matter. The discharge was likewise increased in quantity, and, such was the nature of the ulcers, that, pressure made on any part of his neck, formerly described in a diseased state, matter of different colours and consistence could be squeezed out, as if from a sponge, yet a probe passed but a very small way into either of the openings. I desired the doses still to be increased, and dressings of simple ointment used.

On the 19th, the probe went much easier into the openings than yesterday. In one, situated over the parotid gland, I could introduce a probe nearly an inch all round, and there was discharged from it thin matter in considerable quantity. He was now very timorous, and would not submit to have it laid open. Several of the ulcers, however, were completely healed. Some still discharged thin, some thick matter, and there were several small papulæ, with white tops, on several parts of the neck, which never were seen before. No effect was produced on the urinary organs, and I therefore desired the tinct. lyttæ to be continued in increased doses.

On the 20th, after he went to bed, there was some pain in his urinary organs, and difficulty in passing water, but these went off before morning. I still desired him to continue the tinct. lyttæ.

On the 22d, I judged it necessary to lay open the sinus over the parotid gland, but the patient would not submit to it. I therefore, for the present, declined doing any more for him.

On the 1st of September my patient returned to me, with a determination to submit to whatever measures I might think necessary for the removal of his complaint. The discharge from all the ulcers had become thin, and from some of them it was perfectly limpid. I found the formerly mentioned sinus over the parotid gland considerably enlarged in extent since the 22d, and I made an opening from the uppermost to the most depending part of it, in length two and a half inches. I opened another about three inches in length, in the direction of the *sterno-cleido-mastoideus*. I likewise opened several smaller sinuses, extending two or three lines immediately under the integuments of the neck, and filled all of these with lint dipped in sp. vini, and ordered him to recommence the use of the tinct. lyttæ.

He continued to follow this practice till about the beginning of February following, when he had completely recovered.

He is now (November 1809) perfectly well, and working at his trade.

### *Diseases of the Skin.*

#### CASE.

A MAN aged 35, about five years ago fatigued himself by walking a great deal, which was immediately followed by a swelling in both legs. The skin also broke in several places, and, in the course of a few weeks, they constantly discharged a watery fluid, with acute pain from the knees to the ankles. Mercury was prescribed, which weakened him very much, but did not in the least relieve his complaint. After he gave



over the use of this medicine, the swelling began to abate, but the eruption, with the discharge, continued to extend upwards to his thighs, and, in a few months, it covered his whole body, and even his arms, to the points of his fingers. All the diseased surface discharged thin matter, similar to what was at first discharged from his legs, attended with some pain, but his legs were always more so than any other part of his body. He then came from the country into the Infirmary of Edinburgh, but derived no benefit from the prescriptions he received there. In consequence of his disease, he had lived in great misery for four years past, during which time he had used almost every external application which whim or superstition could suggest, but derived no benefit from them. Of late he had used the citrine ointment, which he thought kept the parts soft, but did no other good. I desired him to lay aside all external applications, and I prescribed the tinct. lyttæ to be used internally. This practice he continued with various effect for seven months, during which time he was often indeed much worse than before he commenced the use of the tinct. lyttæ, but then he completely recovered, and two years after he had no return of his complaint.

### CASE.

A GENTLEMAN, of delicate form and small stature, aged 60, applied to me for the removal of an eruption of several years continuance in both his legs, from the ankles to the knees, and a similar affection in one of his arms. These parts were greatly swelled beyond their natural size. His general health was unimpaired, but the immense discharge of thin serous fluid, which constantly proceeded from all the wounded surfaces, and the excruciating pain which he suffered, rendered his existence extremely uncomfortable.

This discharge seemed to proceed from all the denuded surfaces, there being no destruction of parts forming what is known by the name of ulcer.

At certain periods of the year it would almost heal, even without the application of any other substance than simple ointment. This partial recovery he attributed to the effects he experienced from visiting some of the watering places every summer, but soon after his return his former symptoms recurred.

In this comfortless manner he had lived for many years previous to my being called to visit him, and, when I proposed to employ tinct. lyttæ internally, he consented to give it a trial, but expected no permanent benefit from its use.

After the medicine had been used about a fortnight, he felt slight difficulty in voiding urine, accompanied by soreness in the affected parts, from which there now issued a discharge greatly increased in quantity, but not altered in colour. The pain, though equally severe in the affected parts, he soon felt of a different nature from that which formerly distressed him.\* He continued the use of the medicine for upwards of six months, with, latterly, the tight roller to the affected parts, when he had completely recovered. He, from time to time, had slight eruptions for three or four months afterwards, but no pain, and now he is free even from them, and is perfectly well in every respect.

A more detailed account of a few of the pre-

\* This excruciating pain I have frequently met with in diseases of the skin and in ulcers. It seems deeply seated, and, in most instances, as if in the substance of the bone. This at first deterred me from using the tinct. lyttæ in such affections, conceiving that the inflammatory effects of that medicine would increase the pain; but, to my surprise, in every case, the former pain abated, on the system becoming affected by that medicine, and the pain, occasioned by the medicine itself, was quite of a different and more bearable kind.



ceding cases, containing their daily progress toward their cure, may be found in my first work on the internal use of tinct. lyttæ, and some others since that in the Medical and Physical Journal of London for October 1808.

In all edematous swellings of the legs, which so often occur in persons advanced in life, or in consequence of previous debilitating diseases, I uniformly effect a cure by the internal use of tinct. lyttæ. After its use, however, for a week or two, I find it absolutely necessary to employ a roller or a tight laced stocking along with it, which should encompass the whole foot and leg to the knee, and, even after the cure has been completed, this application ought not to be laid aside for several weeks, or even for a month or two.

#### *Glandular Diseases.*

DISEASES of the glandular system are, even in the simplest form, extremely difficult and tedious of cure. With our greatest attention, probably from ignorance of the particular action of some of the most valuable medicines, these diseases often prove irremediable. From this circumstance, together with the indolence of the human character, those diseases have hitherto been in a great measure left to themselves, and have too often produced spectacles of deformity and disease, scarcely to be met with from any other cause.

From whatever cause, then, the diseased state of the glands may have arisen, our first object, being the simplest and least formidable, ought to be, to make a fair attempt to remove them by internal medicines, or in conjunction with simple external applications. If, after this, no relief be obtained, and the complaint still continues to gain ground, we must have recourse to surgical means for its removal.

The tinct. lyttæ must be first taken in sufficient

doses to excite some degree of uneasiness in passing urine. This effect is the surest sign of the system being affected by the medicine, in the same way that opium is known to affect the system by its influence on the brain, and mercury by its effects on the salivary glands.

A continuance of the medicine, in sufficient doses to preserve a very slight degree of uneasiness in the urinary organs, will probably at length cause some additional uneasiness in the affected gland itself. At all events, even if it should not occasion much pain in the gland, perseverance in the use of the tinct. lyttæ, for four or five weeks, will be extremely proper, but, if pain be produced in it before that time, the tinct. lyttæ must be instantly laid aside, and other means adopted.

At this precise period the solution of the muriate of lime may be administered with the greatest success, and a blister, or sinapism may, at the same time, be repeatedly applied over the affected glands. A dram of the muriate may be given in water, morning and evening, and gradually increased till the doses amount to from one to two ounces daily, divided and taken at three or four, or more different times. The only bad effect the muriate seems capable of producing, is a little uneasiness, or sickness at the stomach, which will entirely abate on its doses being diminished, or entirely omitted for a few days. Even should the pain in the glands entirely abate, the tinct. lyttæ may be given in conjunction with the muriate, and the external application of the blister, or sinapism may also be had recourse to, when the good effects of such active practice appears very conspicuous.

If, independently of all these means, the diseased gland or glands still increases, our dependence must principally rest on our successful treat-



ment by surgical means. A complete extirpation of the diseased glands must then be effected.

### *Paralysis.*

I HAVE had frequent opportunities of successfully exhibiting the tinct. lyttæ internally, in slight paralytic affections, especially such as is frequently found among those who are exposed, from the nature of their profession, to the action of the various preparations of lead on the body. I met with one case lately of a more decided nature than I had ever seen before. The patient was a house-painter, and, in the prosecution of his business, both his hands, from the wrist joints, became paralytic. He was totally unable to use them in any way, and, being, at that time, in London, he applied for assistance, but, notwithstanding every thing that could be done for him, he derived no advantage. He at length came to Edinburgh, where his relations resided, and at the request of a friend of my own, I was desired to prescribe for him.

From the almost complete want of feeling, and power in his hands, I had little expectation of affording him relief, but, being the remedy which occurred to me the best, I prescribed the tinct. lyttæ, to be taken in sufficient doses to preserve some degree of uneasiness in passing water. To this was added friction, with a brush, twice or thrice daily. This he continued about three weeks, when he thought the feeling in his hands somewhat increased, but the power of stretching them out was still denied him.

He continued to take the tinct. lyttæ, to produce the effects I have stated above, for other two months, but derived no additional benefit from it. I then omitted it, and prescribed a solution of phosphorus in æther. This he continued to take about a month, during which he improved very much, but it also, at this time, seemed to lose

its beneficial effects. I then resolved to use the tinct. lyttæ and phosphorus at once, and prescribed the first of these to be taken in such doses as would, as constantly as possible, keep the urinary organs somewhat uneasy, and the latter in such doses as would create, as constantly as possible, a degree of uneasiness, approaching to giddiness, in the head. Under these medicines, he improved somewhat quicker than formerly, and continued to do so for several weeks, but they also seemed to lose their effects on his hands. I still, however, desired him to persevere, and the difference of these two stimulants appeared very conspicuously in this case. He found it necessary, with the tinct. lyttæ, gradually to diminish the doses, from nearly an ounce of the tincture daily, to about one dram and a half, but the phosphorus and æther he had now increased from two drops twice a day, to nine drops thrice a day; while these substances seemed to produce similar effects on the head and urinary organs, which they did when first they affected the system.

For five weeks, he felt no alteration for the better, but, about that time, a rapid improvement in his hands took place. He felt able to stretch them very considerably, and the feeling was as acute as before he was affected by the disease. I desired him to persevere, and he could now take only about half a dram of the tincture daily, while he could use fourteen drops of the solution thrice a day. I also desired cold sea-bathing, from which he derived great benefit.

This patient continued these medicines a few weeks more, and, in a few days more than six months from the time he began the use of the tinct. lyttæ, he was able to prosecute his business. He has now continued nearly a year free from his complaint, and can use the most violent exertion with his hands.



EFFECTS  
OF THE  
*LYTTÆ*,  
WITH  
RULES FOR THEIR ADMINISTRATION.

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I. *External Application.*

WHEN externally applied in sufficient quantity, great heat, redness, local pain, and general uneasiness are excited, the pulse is accelerated, and there is often induced pretty smart fever. At length the feverishness gradually abates, and a thin serous fluid is effused under the cuticle, which is thus raised into vesicles of different sizes.

This serous fluid allowed to escape, or even being absorbed, the inflamed surface soon assumes the suppurative inflammation, pus is formed, granulations shoot up in different parts, unite imperceptibly, receive a thin pellicle as a covering, and thus the abraded surface is healed.

Besides these effects, vesicatories often produce the more usually marked consequences of their internal administration, such as irritation in the urinary passage, &c.

II. *Phenomena which succeed the admission of the Lyttæ into the System.*

The pulse is strengthened, the appetite generally improved, the mind rendered more cheerful,

the matter of discharge, from any abraded or ulcerated surface, becomes opaque, is inspissated, and this is termed pus, while a greater or less degree of pain generally affects the parts, whence the discharge proceeds. This goes off, if the medicine be omitted, increases if continued, and is kept up, if the dose be only diminished.

The morbid discharge also varies in quantity. Sometimes, on taking the first doses, it is increased, but generally diminishes daily, and at last disappears, leaving the parts capable of performing all their natural functions.

The pain in the urinary passages, occurs at very different times in different persons, after they begin to take the lyttæ, even although they individually take them in the same ratio. The quantity some can take in a given time, without any sensible effect, is astonishingly great, compared with the little which affects others. A perusal of the cases, previously detailed, will shew this.

### III. *Action of the Lyttæ on the Urinary Organs.*

It has been supposed, that this substance exerts a specific power on the urinary organs, particularly on the bladder and urethra. This opinion seems authorised by the fact, that pain, in these parts, often speedily, and, if their use is continued, always sooner or later supervene, during their admission into the habit. We may, with equal justice, ascribe the action of mercury, on the gums, of a specific nature, because it more especially evinces its general effects on these parts, while we know it removes lues venerea from any part of the body. We may be satisfied, that this local effect of the lyttæ on the bladder, is only a concomitant effect. In many instances the pain and uneasiness are first felt in other parts, as in the uterus, a prickling sensation is felt in



various parts of the body, and ulcers are brought to active inflammation on almost any part, even sometimes before the urinary organs evince signs of uneasiness, and they are sometimes cured, without any interruption being necessary in the administration of the remedy. To these I may add, the effects on the general system, and the facts ascertained by Forsten, in his experiments on dogs, where the stomach, bowels, bladder, &c. were contracted at the same time. Thus we may be convinced, that the opinion of this substance acting specifically on the bladder, is erroneous. In some of Forsten's experiments, the bladder, urethra, and even glans penis, were inflamed, while the kidneys and ureters seemed unaffected. How does this correspond with the doctrine, that the active part of this substance is absorbed into the mass of blood, and thence separated, along with the urine, in the kidneys?

In short, we have ample proof, that they neither act specifically on the bladder, nor on the urinary organs in general, and that the kidneys and ureters are often not affected in the same degree with the bladder and urethra. In whatever way we may attempt to explain the particular effects which they readily evince in the organs of urine and generation, we can have no doubt, that these effects are only circumstances attendant on their general operation.

The external sign by which we know that mercury has generally affected the system, sufficiently to heal venereal chancres, is by its action on the gums, and the external sign, by which we judge of the general action of the lyttæ is by that substance affecting the bladder. The principal effects of the lyttæ are exerted on the general system, and the system being thus invigorated, the mor-

bid action, of the urinary organs, is altered to that of health.

It seems an invariable rule that the greater the existing debility, either of the general habit, or of the generative organs, the greater quantity of the lyttæ is requisite to affect and keep up the irritation in the urinary passages, and, in such cases, the cure is always more tedious. In those apparently stout, small doses, comparatively speaking, can be taken, while in those whose general health, or whose generative organs only, are most morbidly affected, can take the most; and, as they approach to health, the doses, requisite to keep up the irritation, must be diminished, the system, and also the generative organs, being more susceptible of its action. Thus we are often obliged to reduce the quantity administered from the very largest to the smallest dose.

I have almost always observed that those who have lived in a tropical climate, are much less easily influenced by this medicine, than those who have never been out of Europe.

### III. *Effects of the Lyttæ on the General System.*

In investigating the nature of any medicine, we must consider its effects on the system in general, on the mind, and on the circulation. We must consider whether it chiefly influences particular organs and functions, how far these effects are modified by certain affections, either local or general, and in what diseases it is chiefly beneficial. To know its comparative merits, we must observe what other means produce similar effects, whether in kind or degree, for the changes induced in the system, after any substance has been received into it, indicate the medical properties of that substance, and the degree of such change indicates the power of the substance considered as the cause.



I hope I have, in the preceding pages, proved that when the lyttæ is first taken internally, in moderate doses, it enlivens the functions of mind and body, increases the celerity and force of the circulations, generally improves the appetite, and increases the flow of urine and perspiration. Nor are their effects lessened by using them for any length of time, for I have frequently given them for years, at the expiration of which the patients had imparted to their body similar stimulant effects as at first, by perhaps one-twentieth part of the medicine, and such individuals were stouter than they had been for many years before. Nor did they, in the slightest degree, relapse into their former debilitated state on entirely leaving off the medicine.

Mr. J. Hunter formed the most erroneous notion respecting the power of this substance.

\* “I think,” says he, “I have been able to ascertain this fact, that when the balsams, turpentine, or cantharides, are of service, they are almost *immediately* so; therefore, if upon trial they are not found to lessen or totally remove the gleet in five or six days, I have never continued them longer.”

On a comparison of cases, when very slight we find, that they sometimes effect a cure in less than five or six days, but more frequently require many weeks, months, and even, in bad cases, years before they produce that effect.

Mr. Hunter found them sometimes suddenly and unexpectedly useful, and, when they did not evince their power with equal celerity, he drew the impatient conclusion, that, when not speedily successful, they were useless!

“Balsams, turpentine, and cantharides,” according to another author, “appear to be very

pernicious. During their exhibition, the discharge apparently stops. *This is owing to the diuretic quality of the medium by which the mucus is continually washed off, not any suppression of the discharge from any supposed specific power of these medicines on the urinary canal!!*” \*

This is not the only instance, on the records of our art, where a man attempts to explain that, of the nature of which he is ignorant, and has not patience to investigate.

#### V. *Modus Operandi of the Lyttæ.*

It is evident that the lyttæ stimulate the functions of the general system. The effect produced on the pulse, is not alone a strength, frequency, and sharpness; nor is it of a confused, irregular, undulating nature, but soft and full, seeming rather to diverge against each side of the artery, and does not strike, like the edge of a sharp instrument, against the finger applied to the wrist.

The more evident changes, as evinced by either local or general phenomena, are of an inflammatory nature, and the diseases in which they are chiefly beneficial, are those of debility.

Inflammatory effects, produced in any particular part, or in the whole system, by disease or by various other external and internal means, are succeeded by results of a very different nature, from the particular nature of the means employed to produce such effects.

Thus inflammation may be the immediate effect of disease, or it may be an ultimate effect of certain diseases, such as scrofula. In other instances, it may be wholly the production of certain external applications to the body, or may exist in consequence of substances, taken into the stomach. In the first of these, viz. from disease

\* Wilkinson on Gleets, ch. ii. p. 7.



it often takes place without our being able to assign the immediate cause, and can often exist for a long time, from a principle of action peculiar to itself, not only after the cause which produced it, has ceased to operate, but even independently of our most active endeavours to reduce it. When produced by external applications it seldom if ever, I believe, unless in very vitiated constitutions, continues to increase, but gradually declines, till it altogether ceases. When produced by the lyttæ it never, in any one instance, in whatever kind of constitution or existing state of health I have employed it, keeps up the inflammatory action, for this uniformly disappears, when we cease to administer that medicine. In other words, its effects on the system, are on a somewhat similar principle, with our common ingesta, or like the application of heat or cold to a thermometer—remove the cause, and the effect will soon follow.

It is thus that inflammation, from disease, and also that which is sometimes produced by the internal administration of various substances, such as ardent spirits, &c. are, in certain respects, quite different from that produced by even the most violent inflammatory effects, excited by the lyttæ. The former substances seem capable of producing a morbidly inflammatory action, which, in some instances, is capable of maintaining an independent existence in the body, while the inflammation from the latter does not amount to disease, nor can it maintain an independent existence, beyond the regular laws of health.

Thus the action of the tinct. lyttæ is purely mechanical. It gives a vigour to the debilitated parts, which they themselves could not exert, and ultimately it invigorates and renders them able to perform their natural functions, when it becomes proper to withdraw that medicine from the system.

Nor do we find, however violent the action which arises from the introduction of this substance into the general constitution, that such action, however much it may increase the animal powers, will produce any tendency to suppuration. In certain parts, greatly disorganized by previous disease, the lyttæ acts so as either to restore them to their healthy functions, or, if too far diseased, so that they cannot be restored to these natural functions, then suppuration seems unavoidable; and the action of that medicine, on the general system, so invigorates the animal powers as to enable them to force the morbidly affected part toward the skin, and thus relieve the system of an evil, and a cause of irritation, which the previous condition of these powers, were incapable of expelling.

As to the comparative merits of this substance, it appears that other remedies, useful in the same complaints, in which the lyttæ are successfully employed, are all of the tonic or stimulant kind, and such as promote the activity of the animal and vital functions, but all other means have failed, when this last substance has proved completely successful.

We have satisfactory evidence of this in the cases of morbid structure of the seminal vessels, in gleet, leucorrhœa, &c. previously related, but in none more evidently than in those of obstinate constitutional ulcers; in which, after every other tonic and stimulant medicine had been employed in vain to co-operate with external applications, the sores, solely by the influence of the lyttæ, assumed a healthy appearance, requiring no other dressing than simple cerate, and thus the cure was completed.

Whether we consider the effects of the lyttæ on the general system, when taken internally, applied externally, or in comparison with other substances



of a somewhat similar nature, we have irresistible testimony, that they operate powerfully on the whole system, inducing a degree of inflammatory action, which we are not able to command and maintain by any other means, with which we have yet become acquainted. They are perhaps the strongest stimulant we possess, while they neither have the heating nor intoxicating quality of wine or ardent spirits, and consequently do not possess their indirectly debilitating effects.

The lyttæ thus excite and maintain a certain degree of activity in the previously debilitated system. They produce and maintain that action during which debilitated organs are enabled to return to their sound state, and perform their natural functions, and during which also, suppurative inflammation of morbid surfaces renovates the disorganized parts.

On this principle we can easily perceive, why they have been found very useful in cases of great debility, either local or general, and why they should be equally beneficial in inveterate sores on any part of the body.

It has long been a great desideratum, in the resources of our art, to have means, by which we could induce and support such an action in the system as would correspond with that, during which certain parts are regenerated, diseased surfaces healed, and their healthful functions restored, but we now have it in our power to accomplish these important objects by means of the properly regulated administration of the lyttæ.

## VI. *Rules for the Administration of the Lyttæ.*

We must begin the administration of the lyttæ in small doses. We must also carefully watch the changes, which proceed with such uniformity, that, if our instructions be obeyed, it is our own fault if

the patient be ever surprised by untoward symptoms.

1st, Twenty drops of the tincture (prepared according to the London pharmacopeia) ought to be taken, thrice a-day, in a glass of water, and each additional dose increased by two drops, till some degree of uneasiness be felt in passing water, when the doses must again be diminished; or, if the sensation be severe, the medicine must be entirely left off, till that sensation abates, when it may again be had recourse to, in doses sufficiently great, similarly to affect the system. This may be known by the increased force and frequency of the pulse, as well as by the symptom above alluded to. If the uneasiness in passing water become suddenly troublesome, cloths dipt in warm water, and applied to the belly, and between the thighs, or, in preference to either, the warm bath will assist in speedily relieving it. At such a time, also, a smart dose of any kind of purgative medicine may be taken.

2dly, If pain, or even uneasiness at stomach, be produced by the tincture, which in some is not uncommon, a small cup-full of an infusion of camomile flowers, or an infusion or decoction of any of the common stomachic bitters, such as columba, gentian, &c. taken along with each dose, will relieve it.

I have met with many who were astonished at the quantity of tinct. lyttæ I gave without mixing it with any emollient substances, to prevent its supposed violent action in the stomach, &c. But I never have found these deleterious consequences result from its exhibition. These fears, indeed, remind me of the terrors which induced physicians to employ a farrago of stuffs of various descriptions, along with mercury, when that medicine was first given internally, to prevent *its* supposed bad effects. The



necessity of such means, however, only lasted while ignorance of the real nature and effects of the mercury were unknown.—They are now laid aside by general consent, and the same *will* be the case in the practice of those who employ the tinct. lyttæ, when they become better acquainted with that medicine, and find how easily it may be managed.

3dly, If the appetite be unimpaired, nourishing soups, plain roast or boiled meat, fowl or fish, with vegetables, simply dressed, are the most proper kind of food, with one, two, or more glasses of wine during, or after dinner. In some cases of great debility, I have found it necessary, even, for a time, to give about a pint of wine after dinner, and the same quantity before going to bed. For common drink I recommend spruce, soda-water, or, if preferred, simple toast and water.

4thly, No degree of cold, if the air be dry, can do the slightest harm. Cold lavation, or even cold bathing, may, if in other respects agreeable, be used with the greatest advantage. Moderate exercise on foot, or in a carriage (but by no means on horseback) is extremely proper, but should the effects of the tincture become troublesome, it will be necessary to refrain from every species of exercise, and to recline much on a sofa.

During the operation of the lyttæ, the morbid discharge either from mucous membranes, muscular parts, &c. becomes gradually thick and opaque. This shews, that inflammatory action is begun, and now we must not continue to augment the doses, but if, as sometimes happens, this appearance remains stationary, or even goes off, when the dose is not increased, then it must be increased, very cautiously. At length, an uneasy sensation is felt about the pubes, uneasiness, or even pain in the urethra, sometimes ardor urinæ, and repeated inclination to pass urine, even when the

bladder is nearly empty, and the discharge has now the form of laudable pus.

At this time, the doses must not be augmented, but diminished or stopt, just as the disagreeable sensations increase in severity.

After the lyttæ is left off, when the inflammation abates, should the discharge become thin, that medicine must be resumed, and regulated as formerly. If, however, the discharge gradually go off along with the inflammatory action, we need not repeat the medicine, for the cure will be effected without farther assistance.

Such large doses of this medicine, as are sufficient to excite the urinary organs into very violent action, seem quite unnecessary for the cure of any disease, and scarcely ever occur, except by mistake of the patient, or from his too great, but injudicious anxiety to get rapidly well. It is a very pleasant reflection, that independently of the greatest degree of action, into which these parts can be put, by such doses, no after inconvenience or distress, was ever under my observation, occasioned by it. The story, so prevalent, of irritation of the bladder, or of the neighbouring parts from the violent, or even, as has sometimes been talked of, from the slightest effect of the lyttæ, is quite ridiculous. I have never seen the lyttæ produce lasting irritation, but have very often seen it remove irritation, and I believe this only a convenient excuse for those who start doubts from ill nature, and endeavour to maintain them by falsehood.

Persons predisposed to glandular swellings, cannot use this medicine, without the utmost caution; and where the glands are indolent, and of preternatural size, it would be very unsafe to prescribe it, as inflammation and suppuration of these organs would be an almost infallible consequence.

To those affected with pain of chest, hard, dry, or teasing cough, in short, with symptoms of tu-



bercles in the lungs, or of incipient phthisis, the lyttæ must not be administered.

Regulated thus, we ensure its salutary efficacy, without the slightest chance of those pernicious effects which attend daring ignorance, or equally culpable imprudence.

I have, in various cases, since the publication of my first work on that subject, employed the lyttæ in substance. I have found it in every respect equally beneficial and equally safe as the tincture, but in some it creates pain in the stomach, when the tincture can, in the same patients, be taken with impunity.

The form I use it in, which is very seldom, is that of pills, each containing one fourth of a grain of the powdered fly.

VII. *Means by which the bad Effects of the Lyttæ are alleviated or removed.*

If, from inattention, either on the part of the patient, or medical attendant, or from any unforeseen circumstance, there should supervene great pain in the organs of urine and generation, sickness, vomiting, headach, rapid and strong pulse, &c. warm fomentations are to be applied over the pubes, and smart saline cathartics exhibited, with diluents.

In my own practice, smart cathartics, with these fomentations, have always been sufficient to alleviate the immediate pressure of distress, but, no doubt, the degree of the antiphlogistic treatment must be proportioned to the exigencies of the situation. These violent effects are of extremely rare occurrence.

Dr. Greenfield maintains, that camphor most powerfully corrects the effects of the lyttæ, but this remains to be proved. He exhibited them together, and others since have followed his example.

It appears from the experiments of Dr. Forsten, on dogs, that camphor taken with the lyttæ, certainly very much diminishes the activity of the latter.\* Half a dram of the powder produced death,† but, the same quantity, given along with one scruple of camphor, produced only slight morbid symptoms, from which the animal completely recovered.‡ When the same dose was given with only gr. xij. of the camphor, the dog suffered much more severely, he refused food three days, but at last recovered perfectly.§ Even g. viij. of camphor seemed to prevent the powdered lyttæ from killing the animal, though,¶ in another instance, the same dose of both proved fatal.|| Olive-oil and opium also diminish their activity. I do not perceive the utility of giving these substances along with the lyttæ, since it is probable that a small dose without, is equal to a greater dose with any of them. Before we can consider these substances as antidotes, the experiment must be made in another way; the lyttæ must first be allowed to produce the morbid or dangerous symptoms, and then we must try if the camphor, &c. will relieve or remove them.

### VIII. Conclusion.

To introduce any substance into use as a medicine, and give an account of its *modus operandi* in the human body, presents many difficulties, to him who employs it, of which the world in general can form but a very imperfect notion, either in their number or extent. These difficulties, however, are much increased, when the substance is of an active nature, and when, as, in the case of the lyttæ, it has not only been hitherto deemed

\* Exp. 7th and 11th, p. 71 and 73.

† Exp. 20th, p. 78.

‡ Exp. 21st, p. 79.

§ Exp. 22d and 25th, p. 79 and 81.

¶ Exp. 23d, p. 80.

|| P. 87.



of no material importance, in the cure of diseases, but its administration has been supposed almost certainly productive of dangerous effects.

The only effect, previously acknowledged, respecting the lyttæ, was one of its occasional, but, by no means, invariable effects, that is, their use in creating venereal desires. I say this is only one of its occasional effects, for I have known many instances of both sexes, where individuals, under their influence were affected quite differently. In the male, not only the inclination, but even the usual ability, to perform sexual intercourse, was much diminished, and such females as were thus influenced, felt a disgust of what did not fail to please them before.

The medical properties, I have assigned to this substance, are, by no means, consonant to the general opinions which now prevail, nor are they anticipated in the medical works of former authors.

It is unfortunate, that, in the investigation of the powers of any remedy, external, as well as interval, so many circumstances should exist to give a wrong direction to the mind. The anxiety of some persons, the ignorance of others, the desire of fame, the love of interest, and the fear of innovations, have alternately operated against, or in favour of the administration of our best remedies, for the alleviation of disorders incident to the human body.

The activity of many medicines has been urged against their use, although, for my own part, I feel convinced that it is only from the properly regulated employment of such medicines that we have any right to expect decided success. This, therefore, is but a feeble objection, or how could we use opium, the preparations of antimony, mercury and arsenic, which are daily prescribed, and only do mischief in the hands of ignorant

persons? I wonder these very cautious gentleman did not take it into their heads to forbid the use of our common articles of diet, because some persons addicted to gluttony, almost destroy their existence by over-eating.

A physician possessed of the usual proportion of prudence, and who is acquainted with their effects, will take care that medicines, even of the most active nature, be administered neither too freely, nor too frequently.

Though the internal use of the lyttæ, in several diseases, is as ancient as the history of medicine, yet there has always prevailed great diversity of opinion with regard to the consequences of their admission into the animal system. There is the most positive evidence on record, that they have been singularly useful in many very desperate instances ; but certainly they have, in the hands of certain individuals, often been followed by very alarming and destructive effects. How, then, are we to decide with regard to their merits as an article of the *materia medica*? If their effects were uniformly salutary, there could be no dispute about their utility, but there is no remedy of this description. If their effects were uniformly bad, their use ought to be abandoned, but they have, at one time, proved very salutary, at another very noxious. I have therefore deemed it my duty more carefully and scrupulously to observe those circumstances in which either event had succeeded their administration, in order to know by what precautions, and under what circumstances they might be prescribed with safety, and with well founded hopes of advantage.

I well know that this substance, in the hands of those who, from want of observation, want of experience, or want of patience to watch its effects, often fails of success, and this failure, as might



be expected, is generally attributed to the inefficacy or dangerous nature of the medicine itself.

To such gentlemen, as are in the habit of expressing such opinions, I have only to observe, that I shall engage to cure at least ninety-six in a hundred of uncombined cases, and that such cures shall continue for the remainder of the lives of the patients, unless similar causes to what first induced the disease, occasion its recurrence. This is a test to which few, if any other, articles in the materia medica can be put. I know that, in many cases, the administration of this medicine, as well as the cases in which it can alone be efficacious, requires both discrimination, and attention, and without these, rash judgment, and hasty opinion, can exist only in proportion to the public confidence which the assertor has gained. In the page where the names of those are found, who by patience, industry, and unwearied attention, have contributed to the alleviation of the sufferings of mankind, such names are not known.

All the complaints, in which they have been unequivocally and certainly useful, are those of debility or the atonic, and, so far as my experience goes, in regard to the various other stimuli, the lyttæ differs, in the more important points, from them all. I doubt not that, in time, we may discover other medicines, as superior to the lyttæ, as that article now is to all other stimulating substances.

If the administration be too long continued, and the doses too great, or if administered during the prevalence of the phlogistic diathesis, bad consequences are to be expected : and such is the source of the different opinions, or rather mistaken notions entertained by authors with regard to this medicine.

Some have happened to employ them opportunely, with the very best effects, and others unseason-

ably, and of course unfortunately. No wonder, then, that they have been both extolled and degraded, but had medical men carefully compared the dissimilar circumstances of the cases in which they employed them, the reasons of success or failure would have unveiled themselves.

Nature is correct and regular in her operations, for these and every other operation of the animal economy present no such thing as chance—renew precisely the same causes and circumstances, and the event will be invariably and precisely the same.

Inattention to this mode of procedure has alone occasioned that diversity of opinion which prevailed with regard to the effects of the lyttæ, and this inattention, combined with the dread of danger, and almost banished them from practice as an internal remedy.

I flatter myself that I have not endeavoured, in vain, to refute the errors which obstructed the very great advantages to be derived from their internal use, and have assisted in vindicating the rank they should hold among the most valuable resources of the healing art. My success, indeed, has been so unexpected, and so extensively regular, that I should have been guilty of a want of duty to my fellow mortals had I withheld these statements from the public.

It is now many years since I first began my researches respecting the nature and efficacy of this substance. My first attempts in the way of publication, were on a scale contracted enough, but I am happy to find, that the principles, even then announced, contained no erroneous nor hurtful doctrine, which after experience has made me retract. The faults alone lay in my having too contracted a notion of the powers of that valuable medicine. Since that period, I have, in part, removed that objection, having proceeded somewhat further in my enquiries. Even yet, I am far from



believing that I have ascertained nearly the whole effects of that medicine, but, by patient perseverance, I hope I shall still farther develope their powers. If, however, I am deprived of this, the specimen I have given the world will, independently of party spirit, or any similar bar to the advancement of every valuable fact, follow out these researches, that the full powers of such an active medicine may be known. Thus, and by similar investigations, we would soon banish from our pharmacopeias that miscellaneous assemblage of drugs which can never be of use but to him who wishes to cover his mistakes and blunders, in a multiplicity of, at best unmeaning substances ; who can shield himself from detection where mystery prevails, but who would be afraid to proceed on the principles of simplicity and truth, and whose chief occupation is to deprecate improvement.

Every department of the practice of medicine, unless it have, for its basis, philosophic discrimination, and be conducted with a degree of energy proportioned to the virulence of the complaint, is as positively empirical as the practice of him who indiscriminately vends one nostrum only in the treatment of every disease. The one drags you out of the world by a silken cord, while the other effects the same purpose by means of the sharp scythe of rapid destruction. Let the education of the first, and the ignorance of the latter, be as far removed from each other as they may, it is to the result of their endeavours we ought to look, and these being generally unscientific are generally unsuccessful. Between these two sorts of men, and there are a very great proportion of each, there can be no doubt that all the engines of destruction which ambition, tyranny and ingenuity have levelled at human life, have not been more successful in their object than they have been.

Throughout the whole work I have strictly adhered to the plain statement of facts, no practical remark being advanced but what has been repeatedly proved under my own immediate observation. Perhaps on that account it is in some measure deprived of flourishes of eloquence, and may to some appear defective. But I have long been of opinion with Mr. Horne Tooke, that "truth needs no ornament; and, in my opinion, what she borrows of the pencil is deformity."

There is much said contrary to the opinions of the day, and many objections advanced to the practice of eminent men, but where I have found such proceedings necessary, I trust that the arguments I have adduced, (for to none have I objected without giving my reasons) will be found consistent and satisfactory.

Should my labours and researches, contribute to the alleviation of that wretchedness, which either the diseases I have examined, or their wrong treatment may have occasioned, I shall feel happy in being thus amply rewarded.



# PROSPECTUS,

PRESENTED TO

H. R. H. THE DUKE OF YORK,

RESPECTING THE

*Establishment of a scientific Institution, for the  
Treatment of Diseases, hitherto deemed incurable.*

TO WHICH IS APPENDED

## A CORRESPONDENCE

Between His Royal Highness, the Army Medical  
Board, &c.

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“ ————— Form'd of such clay as yours,  
The sick, the needy, shiver at your gate.  
Even modest want may bless your hand unseen,  
Though hush'd in patient wretchedness at home.”

ARMSTRONG.

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VARIOUS public Institutions, for the cure of diseases, have been patronized with unexampled liberality, yet the greater number of the most important chronic disorders are still deemed incurable, no institution having yet been organized to investigate their real nature, and, of course, the generality of them are deemed incurable. The utmost expected is only temporary relief.

Several years ago, I briefly laid before the public the result of my practice in some of these diseases. I have since enlarged those enquiries, and have published the result of my labours, on the nature and cure of constitutional ulcers, cuta-

neous eruptions, glandular diseases, and paralysis. The last of my works, including delicate, but most important subjects, has met with a degree of public favour far exceeding my most sanguine expectations. I am proud to say, that my humble endeavours to improve the healing art, have been sanctioned by the highest authorities.

No disease, however, can be so well investigated as in the invaluable opportunities which a public institution affords, and when, to the list of chronic complaints, may be added gout, rheumatism, dropsy, &c., the utility of such an institution, in this department of medicine, will be obvious to every friend to humanity. Such institutions become important, not only by thus extending the sphere of investigation, but by permitting the discharge of those humane and charitable duties, which are peculiar to the medical profession. In them also the best opportunities occur of tracing the causes, nature, and cure of diseases, while the most vigorous exertion in private practice, is but the comparatively limited and feeble attempt of one individual. It consequently is by such institutions only that the science of medicine can be eminently improved, and the sufferings of many thousand victims of disease and misery alleviated. These objects every benevolent practitioner is anxious to accomplish, before time robs him of the energy essential to all arduous undertakings.

A Lock Hospital has been established for certain disorders, but, from the nature of that institution, the greater proportion of those suffering under chronic complaints, are necessarily excluded; although these are infinitely more extensive, fully as distressing to the general health, and equally affect the young and old, the virtuous and the abandoned. Such diseases, however, not being immediately fatal, the unfortunate sufferers



are, in consequence of their delusive nature, decoyed from one vain hope to another, until they become entangled in a labyrinth of distress, from which at length no human effort can extricate them.

“ ————— Yet well, if here could end  
The misery : worse ensues ; a train  
Of ills of tedious count and horrid name.”

Repeatedly disappointed in hopes of relief, the unfortunate victims become an easy prey to those mendicants, whose nostrums, for all diseases, are to be seen in every street of the metropolis ; who, instead of relieving the sufferer, add to his misery—at once rob him of his money, ruin every remaining hope of relief, and hasten his journey to the grave. How this murderous practice has been so long tolerated by the English nation, is not to be accounted for ! Language cannot pourtray the dreadful states of body and of mind which emanate from this source, for, while the former is often dreadfully debilitated, the latter suffers in the general wreck. Overpowered by depressing melancholy and gloom, all becomes dark and dismal, friends, pleasures, all which previously gave delight, become insipid, or excite disgust. Restless, absent, dejected, the sufferer groans with involuntary horror, more pitiable than despair, and life itself becomes no longer desirable.

Powerful motives withhold the majority of numerous individuals, among the lower classes, from applying at a public hospital. For them, therefore, humanity feels the deepest interest. Their prejudices, their fears, their feelings, are exquisitely alive to exposure, and, though some are utterly abandoned, and unsusceptible of shame, others are possessed of sentiments the most delicate : they prefer dragging out a miserable existence, rather than be exposed to the observation

of every stranger, prompted, by curiosity or desire of professional improvement, to visit the wretched inhabitants, whose “ days roll heavy, dark, and unenjoyed along !”

Thus, instead of resorting to an hospital, in those cases where confinement to bed is unnecessary, thousands, whose names, diseases, wants, and sufferings are unknown, withdraw from the public eye to their wretched hovels, the abode of every misery, where, scarcely protected from the winter’s storm, they, unheeded by the world, ultimately perish.

The habitual clamour, of the lower orders, against the medical profession, the falsely pictured scenes of experiment and cruelty, *supposed* to exist in hospitals, concur to increase those heart-chilling horrors, which the most forcible reasoning cannot remove. Evils more real still. The disturbance of mind, the terrors excited by the constant—the depressing view of each other’s sufferings, their agonies, their ravings, their dying groans, confirm every feeling which ignorance or superstition can create. While the slow but sure progress of disease permits the victims to obtain a scanty subsistence by mendicity, they shudder at the thought of those imaginary miseries in a hospital, and involuntarily shrink from cruelties falsely believed inseparable from those truly valuable institutions. Thus thousands are annually sacrificed.

The wonderful effects of imagination, in alleviating, removing, or aggravating disease, form the strongest objections to that exposure which, in hospitals, is unavoidable ; while those who have no other resource, reflect on their situation with fear and trembling.

Those, eager for knowledge and improvement, who have nightly watched by the bed-side of these unfortunates,—who have witnessed their simple but earnest devotion, and heard, in the purest



effusions of the afflicted heart, their prayers for the protection of their God, can alone have a just idea of those secret breathings of misery. The influence of such mental conflicts, in obstructing the cure of every description of diseases, is unquestionable, and hence innumerable failures in the treatment of chronic and other diseases in hospitals.

In a dispensary, on the contrary, no such fears prevail, no such distresses appal. Advice there, is scarcely inferior to private attendance at home, and obviates each ideal fear, each real obstacle, inseparable from the very best hospitals.

Many besides severely feel a poverty, which pride forbids their disclosing, by public application for relief, while succour more delicately administered excites the warmest gratitude—many, not embarrassed when in health, are unable to fee a medical attendant. To them a dispensary is peculiarly adapted. Many, though divested of prejudices and false fears, and highly worthy of professional aid, have, in their domestic distresses, being too long neglected. Persons in higher stations can form a very imperfect idea of the embarrassments, the difficulties, and the feelings of a family, whose utmost industry can barely support them in health—whose means of existence, during disease, are greatly reduced, while much additional expense, for necessary comfort and medical attendance, is indispensably necessary. Members of a family thus situated, are ashamed to enter a public hospital, and expose those limited finances, which it had hitherto been their highest ambition to conceal, nor can they separate themselves from their friends, their families, and all the social endearments of their happier days.

When it is recollected, that an effective population constitutes the principal part of the wealth

of every nation, and that ineffective persons are not only useless, but always calculated to destroy even that which required the time of others to procure—when we recollect these circumstances, we may also call to mind instances of the Commons of our country being engaged in affairs of much less importance to the community.

Let not a nation, unrivalled in munificence, whose hospitals are more splendid than its palaces—an

“ Island of bliss ! amid the subject seas,  
That thunder round its rocky coast, set up  
At once the wonder, terror and delight  
Of distant nations,”——

neglect such urgent calls of humanity !

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## CORRESPONDENCE,

&c.

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TO

HIS ROYAL HIGHNESS THE DUKE OF YORK.

SIR,

*London.*

I hope the establishment, to which the accompanying Prospectus alludes, might be of great utility—especially to the soldiery and the labouring poor.

As ulcers, eruptions, &c., which range so extensively, and prove so distressing in the army, would constitute *one* of the objects of such an institution—may I venture to solicit your Royal Highness’s sanction, in my superintendence of the treatment of any number of soldiers, or others,



affected in that way? *and the result of my endeavours to cure them, on scientific principles, will decide whether or not such an institution is wanting in medical practice.*

My principal reason for presuming to address your Royal Highness, on this subject, is the power you possess of permitting me to make the attempt, and the impossibility of effecting such an object by the exertion of any one individual—especially when opposed by professional prejudice.

I have the honour to be, &c.

JOHN ROBERTON.

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No notice having been taken of the preceding application, I waited on Colonel (now General Sir Henry) Torrens, about a month afterwards, at the Horse Guards. That gentleman desired me to write to him on the subject, which I immediately did as follows.

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#### TO COLONEL TORRENS.

SIR,

I, some time ago, addressed his Royal Highness the Duke of York, on the subject of a Medical Institution, for complaints which have, in medical practice, been deemed incurable. I only wished his Royal Highness to allow me an opportunity of treating some of these complaints, on scientific principles, and in a way which, I believe, is peculiar to myself, *that the result of my endeavours might prove whether or not such an institution were wanting in medical practice.* Not having been honoured with any answer to this proposition (which, I hope, is of a liberal nature), I fear his Royal Highness has overlooked my application.

I have the honour to be, &c.

JOHN ROBERTON.

After about another month's consideration, Colonel Torrens wrote me the following note.

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Colonel Torrens presents his compliments to Mr. Roberton, and, in reference to his letter to the Commander in Chief, of 25th June, would be much obliged to him for a copy of the Prospectus therein alluded to.

*Horse Guards.*

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I sent the Prospectus accompanied by the following letter.

SIR,

I have ordered a copy of the Prospectus to be immediately delivered for you at the Horse-Guards. I have also desired my bookseller to send you a copy of my late publication, on some of the diseases alluded to in the Prospectus, that you may be acquainted with the nature of the pursuits of him who now addresses you.

Should my presence be of any use, or should any further communication from me be necessary, I shall esteem it a favor if you will do me the honor to address me on the subject, and it shall be instantly attended to.

I have the honor to be, &c.

JOHN ROBERTON.

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The succeeding reply ended our correspondence.

SIR,

*Horse Guards.*

I have it in command to transmit to you the copy of a communication from the Army Medical Board, to whom your letter of the 25th June



last, and the Prospectus therein contained, were referred for consideration; and I am to acquaint you, that, under the circumstances therein stated, the Commander in Chief can give no furtherance whatever to your proposal.

I have the honor to be, Sir,

Your most obedient humble servant,

*For Mr. Robertson.*

H. TORRENS.

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(COPY.)

*Army Medical Board Office.*

SIR,

In reference to our letter of the 16th inst. we have now the honor to state, for the consideration of H. R. H. the Commander in Chief, that we have attentively perused Mr. Robertson's Prospectus; but, as far as we are enabled to comprehend his proposed plan, it does not appear that the military could be at all benefited by it, were it even established. The chronic cases of the army receive infinitely better treatment, and more skilful attention in the general hospitals, than could be derived from such an institution as is suggested by Mr. Robertson.

We have, &c.

(Signed)

J. WEIR.

W. FRANKLIN.

*Colonel Torrens, &c. &c.*

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I have thus briefly stated the correspondence, which occurred on this important subject. If the proposal here made was fair and liberal, (which I think it was) it cannot be denied, that to refuse

it even a trial—to decide on that which was yet unknown, was probably unjust, and most certainly illiberal.

Neither of the gentlemen, who signed the foregoing report, had any right to decide on the merits, or demerits, of the plan I proposed to adopt, nor to form any opinion of the skill and attention I was likely to bestow on this highly important, and hitherto mysterious, and almost always unsuccessful department of medical reasoning and practice. They forgot that I had *not yet* given any plan of my proposed proceedings, in the treatment of these diseases, nor could they have any knowledge of the skill and attention I meant to bestow on the subject—they could not therefore compare that skill and attention with such as they allege are elsewhere employed.

Probably, they have, in some way unaccountable to other men, and peculiar to themselves, found out and appreciated my plan, and attention, and treatment, before I disclosed them!!! They should have considered that the extent and utility of that plan, and attention, and treatment, were *only* to be demonstrated by the very trial I solicited! It is, therefore, a matter of serious regret that any proposal, especially such as the present, which may involve the health and comfort of a great part of the community, should ever, by any chance, be submitted to *such* a tribunal.

They say that “the chronic cases in the army receive *infinitely better treatment, and more skilful attention*, in the general hospitals, than could be derived from such an institution.” It is odd *they* should rashly hazard so erroneous a statement, when we find\* the first men this country ever pro-

\* See page 474 of my Essay on Ulcers, Eruptions, &c. appended to the foregoing work.



duced—men who have shaped medical science anew, alternately contradicting each other, in their opinions on this subject, but uniformly agreeing in the result of their differences, that these complaints *are incurable*. On this subject we may adduce the celebrated names of Cullen, Fordyce, Fothergill, Burns, White, Crawford, Pinel, Fourcroy. A host of other celebrated names could be enumerated, and surely, the names of *Weir!* and *Franklin!* of the *Medical Board!* can stand the chance of but small professional regard, when put in competition even with the *very least* of these.

The foregoing assertion, therefore, of these gentlemen, is as *modest* as it is *generous*. It is however well known, by every medical gentleman, both in and out of the army, and also by thousands of suffering individuals of every station in society, that such an assertion is directly contrary to acknowledged fact. We have all been taught, by sad experience, which must be more depended on than any report which even Messrs. Weir and Franklin, of the Medical Board, may produce, that the utmost we can reasonably expect from our present plans of treatment, in these *constitutional ulcers*, even assisted by the “*more skilful attention in the general hospitals,*” is, *at best*, only temporary relief. I now call upon Messrs. Weir and Franklin, to vindicate their assertion, and I pledge myself to answer them. Silence on their part can be considered only as an acknowledgement of error.

It was after maturely reflecting on the immense importance of this subject, and of the great necessity for such an institution, that I was led to a serious consideration of these complaints, and in private practice, my endeavours have succeeded beyond my utmost expectations,—even in cases which had for years been treated both privately, and in the very best hospitals, and which had af-

terward been dismissed as either incurable or only slightly relieved :—of the correctness of this melancholy statement, the records of *every well regulated hospital* but too clearly prove the truth, and such records even the members of the Medical Board will find some difficulty in overturning.

The plan I proposed to adopt, was, in every respect, peculiar to myself, and has been the result of many years close and attentive observation. It was in order that I might in the most public manner, have a fair opportunity of giving to that plan an impartial trial, that I applied to his Royal Highness. I had no wish to conceal this, or, indeed, any other object of my professional pursuits, but to let the result of my endeavours be either *rejected as useless*, or confirmed on a *free, open, and scientific basis*.

I am sorry that in justification of my own feelings, I should thus judge it incumbent on me to point out, for the use of others, what they may expect from the *judgment* and *liberality* of these members of the Medical Board. In this instance their despotic decision must be incalculably injurious to an immense number of suffering individuals, while it must also narrow the sphere of my wishes, and confine my endeavours to serve my country, within the comparatively limited circle of private practice. Doubtless, however, this subject will, at some future period, be agitated, when the malignity of party spirit shall subside, and the writer of this is altogether forgotten ;—when the profession of medicine shall no longer be followed as a mercenary trade, but have its honours conferred and its dignity maintained by scientific and independent reasoning alone. I confess, that in my hopes of patronage, I was very sanguine, when first I laid my Prospectus before the Duke of York, but when I learned that the members of such an establishment as the Medical Board were to decide on



the propriety of forming the institution I wished to establish, my hopes died within me.

Although however, His Royal Highness's countenance might have aided my undertaking, the refusal which he has been advised to give, will not extinguish my views, for I shall privately carry the object into effect. This will, of course, render the accomplishment of it, to the extent I had originally proposed, much slower than if I had obtained the sanction of those whose exalted situation in society makes candidates for fame look up to them with hope. That hope like mine, on the present occasion, is too often blighted, because those high characters, depend too little on their own judgment, and submit their opinions to men who are *unwilling* to give themselves trouble on any subject which they can avoid.

I shall make arrangements to keep always on my list twelve patients affected with constitutional ulcers, and furnish them with medicines at my own expence. I shall give a preference to such cases as have been previously deemed incurable, and doubtless Messrs. Weir, and Franklin, can, *if they choose*, independently of the "*infinitely better treatment and more skillful attention in the general hospitals,*" keep my list pretty full! Such patients, however, must bring with them recommendations, from some well known respectable person.

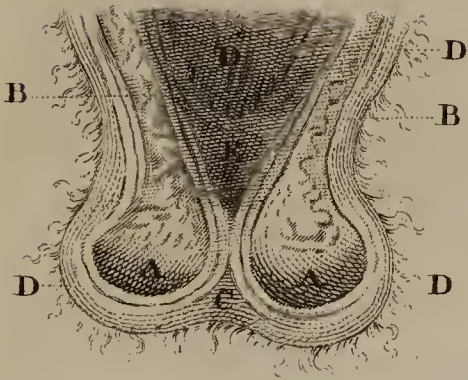
The other complaints mentioned in the Prospectus, shall be considered in due time.

*London, March, 1816,  
7, Cleveland Court, St. James's.*

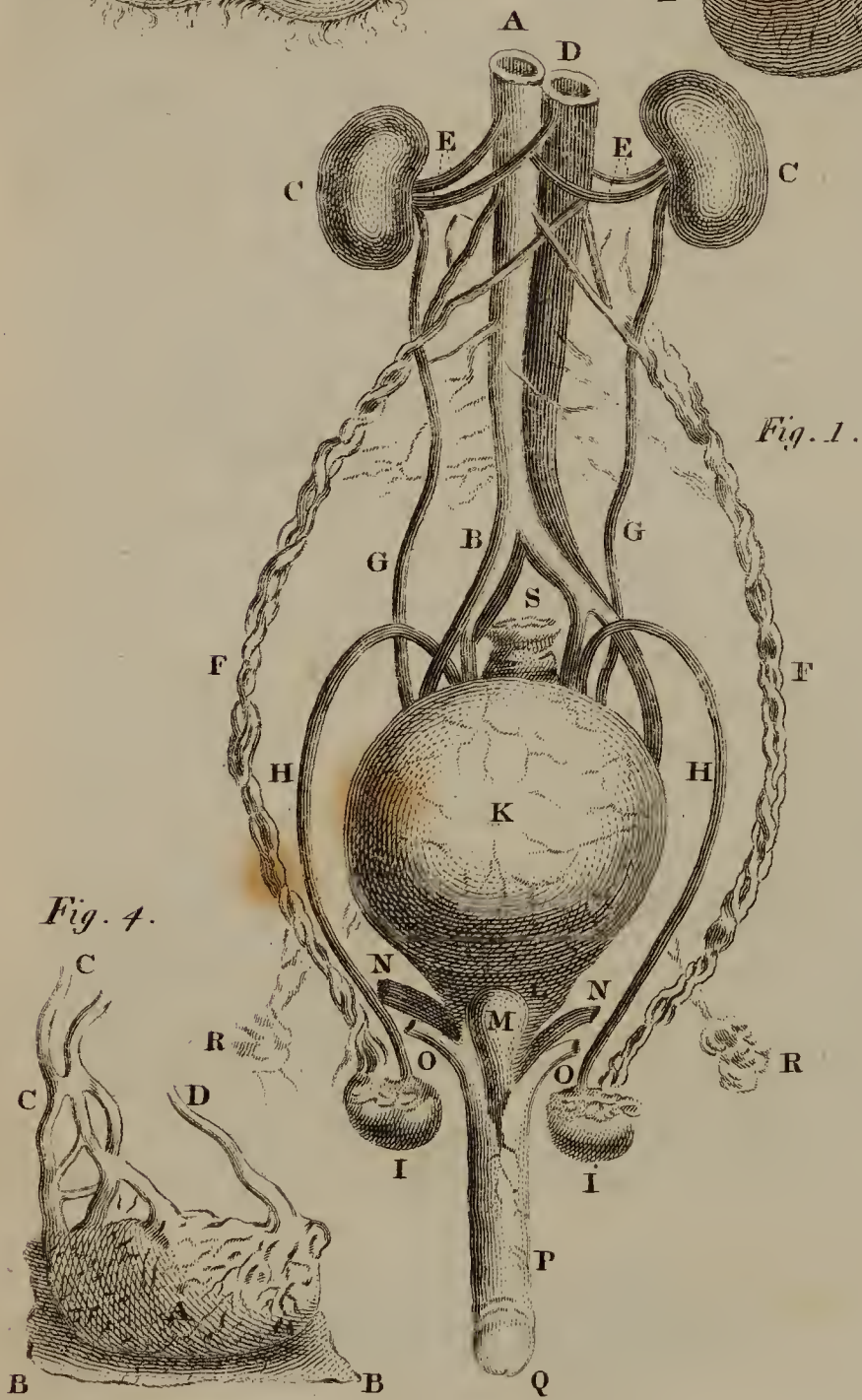
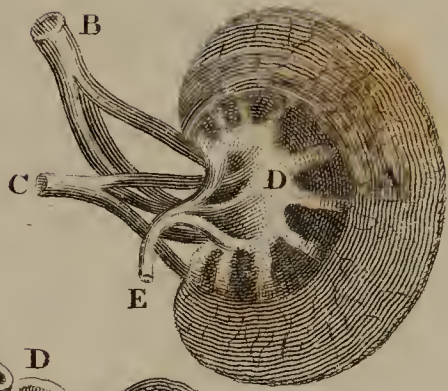




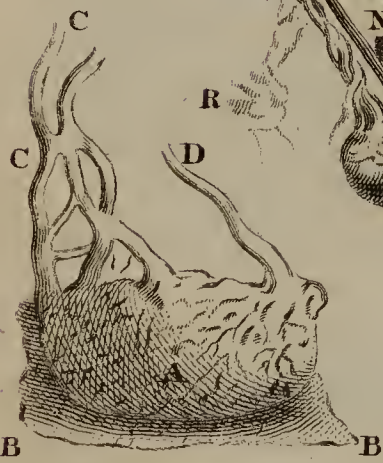
*Fig. 3.*



*Fig. 2.*



*Fig. 4.*



# EXPLANATION OF THE PLATES.

## PLATE I.

### FIG. I.

A front view of the male urinary and genital parts, each part being (as much as possible) preserved in its proper situation.

A. The descending trunk of the aorta, or great artery.

B. The division of this trunk, where it sends branches to the under extremities.

C. The two kidneys—the right somewhat lower than the left.

D. The ascending trunk of the vena cava.

E. The emulgent veins and arteries.

F. The spermatic arteries and veins. They rise from the aorta, the vena cava and emulgent vessels, and run along, interwoven with each other, to the testicles.

G. The ureters, descending from the kidneys to the bladder.

H. The vasa deferentia, which carry the semen from the testicles.

I. The testicles.

K. The bladder of urine.

L. The neck of the bladder, which is muscular, and forms the sphincter, by means of which the urine is retained.

M. The elevating muscle of the penis, by which it is fastened to the os-pubis. It contracts the venæ penis, so that the blood must swell up the cavernous body, and thus the penis becomes erect.

N. O. The musculi directores penis—these lateral muscles, also contribute to the erection.

P. The penis.

Q. The glans.

R. The inguinal glands.

S. Part of the intestinum rectum.

### FIG. II.

The inside of a kidney.

A. The glandulous substance of a kidney, where the urine is formed.

B. The emulgent artery.

C. The emulgent vein.

D. The bason, into which the various ducts pour the urine as it is formed in the kidney.

E. The ureter which carries the urine to the bladder.

### FIG. III.

The scrotum, and the manner the testicles are contained in it.

A. The testicles.

B. The spermatic vessels, and vasa deferentia.

C. The peritonæum, which continues from the abdomen, inclosing both testicles, though separately in the scrotum.

D. The scrotum.

E. The septum which divides and helps to suspend, the scrotum.

### FIG. IV.

The inside of a testicle.

A. Its glandulous substance.

B. The skin which covers it.

C. The spermatic vessels.

D. The vasa deferentia.



## PLATE II.

## FIG. I.

The membrum virile in its natural position, viewed sideways, in order to exhibit the curve of the urethra, as well when the member is erect, as when flaccid.

A. The bladder.

B. Part of the rectum.

C. The anus.

D. Neck of the bladder.

E. The urethra. The part from O to C is termed perinæum.

F. Conjunction of the os pubis.

G. Connexion of the erectores, &c.

H. Pubis.

L. Abdomen.

M. Penis when erect.

N. Glans.

O. Penis when flaccid.

P. Scrotum.

Q. Testicle.

R. Spermatic vessels.

S. Vas deferens.

T. Ureter.

U. Vesiculæ seminales.

## FIG. II.

That part of the urethra which lies next the rectum.

A. Portion of the bladder.

B. Ureters.

C. Vasa deferentia.

D. Vesiculæ seminales.

E. Prostate gland.

F. Part of the urethra.

G. Blood vessels of the vesiculæ seminales.

H. Mucous glands.

I. Two small glands near the prostate.

K. The accelerator, divided in the middle, and expanded.

L. Bulb of the cavernous body of the urethra, inflated and divested of the accelerator muscle.

M. Third pair of muscles of the penis.

N. Musculi directores penis.

## FIG. III.

The cavernous body of the urethra, with the glans slit open.

A. Cavernous body.

B. Urethra.

C. Cavity formed in the corpus cavernosum glandis penis, in which the extremities of the corpus cavernosa penis are received.

D. Upper part of the glans.

E. Glans.

F. Frænum.

## FIG. IV.

Shews the situation of the inguinal glands, and the neighbouring parts.

A. Glands.

B. Testicle.

C. Sartorius.

D. Rectus femoris.

E. Triceps.

Fig. 1.

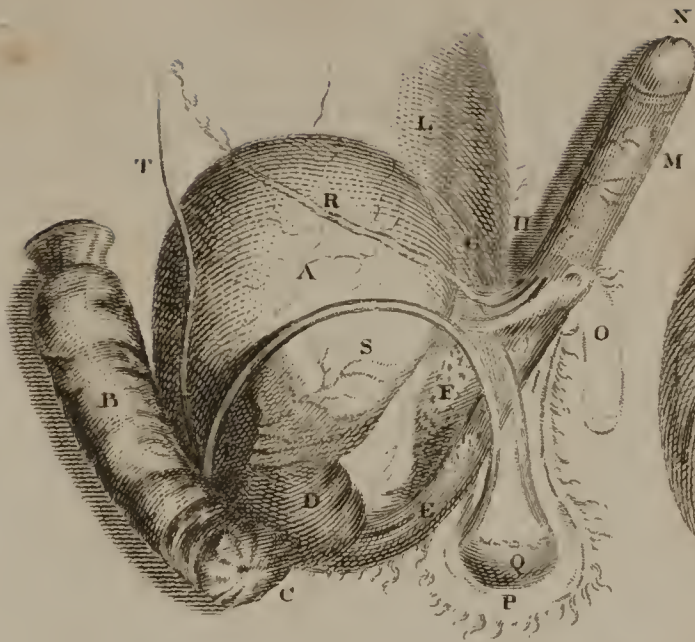


Fig. 4.



Fig. 2.



Fig. 3.

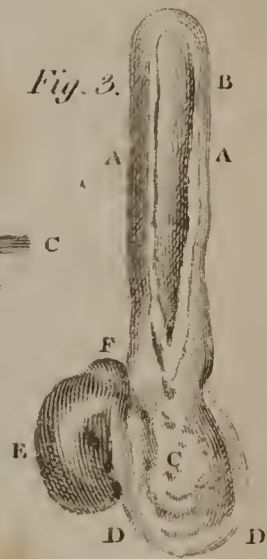










Plate III.



*Pub.<sup>d</sup> Feb.<sup>y</sup> 6<sup>th</sup> 1811 by H. Stockdale 41 Pall Mall.*

## PLATE III.

AAA. External surface of the bladder.

B. The part into which we strike the trocar in perforating it from the rectum.

C. Prostate gland.

D. Vesiculæ seminales.

E. Vasa deferentia running into the vesiculæ.

F. The ureters, which enter the bladder about an inch behind the vesiculæ, and toward the side of them.

G. Membranous part of the urethra.

H. Cavernous bodies, where they rise from the arch of the pubis.

I. These two bodies unite, and form the body of the penis.

K. C. The pendulous part of the bulb of the urethra—this bulbous portion occupies all the perineum, and is covered by the accelerator urinæ muscle.

L. The bulbous part of the urethra, and the accelerator urinæ muscle cease here; but the cellular body (distinct from the corpora cavernosa penis) accompanies the urethra the whole way, till, at the end of the urethra, it is dilated to form the glans penis.

M. Glans.

N. Fasciæ of the penis.



## PLATE IV.

## FIG. I.

The forepart of a penis prepared, so as to exhibit it as when erect.

- A. Part of the sphincter ani.
- B. Transversales.
- C. Arteries of the penis.
- D. Musculi erectores. These muscles are spread, to exhibit them more distinctly.
- E. Vena penis.
- F. Corpora cavernosa.
- G. Skin separated from the penis.
- g. Lymphatic vessels.
- H. Nerves of the penis.
- I. The skin which composes the prepuce.

## FIG. II.

- A. Part of the penis.
- B. The duplicature.
- C. Glans.
- D. The crown.

## FIG. III.

Back part of the penis, prepared as before.

- A. Part of the sphincter ani.
- B. Musculi transversales penis.
- C. Directores, or erectores.
- D. Corpora cavernosa penis.
- E. Corpus cavernosum urethræ.
- F. Frænum.
- G. Glans.
- H. Arteries.
- I. Nerves.

K. Bulb, covered with the musculus accelerator.

## FIG. IV.

Fore-part of the urethra laid open, to shew the orifices of the excretory ducts, of the mucous glands, and the openings of the ureters, and from the vesiculæ seminales.

A. Part of the bladder.

BB. Openings from the ureters.

C. Caruncle, or caput galinaginis, with the mouth of the excretory ducts of the prostate.

D. Openings of the mucous glands.

E. Parts of the seminal vesels.

F. Vasa deferentia.

G. Mucous glands.

H. Bulb of the cavernous body of the urethra.

## FIG. V.

Vesiculæ seminales, and vasa deferentia inflated, to shew their natural form and cavities.

- A. Inward cavities of the vesiculæ.
- B. External form.
- C. Vas deferens left whole.
- D. Common orifice.
- E. Vas deferens cut through.

## FIG. VI.

A longitudinal dissection of the penis, to exhibit the internal part of the cavernous body and the septum.

- A. Corpora cavernosa penis.
- B. Septum.
- C. Capsula, or membrane.
- D. Corpus cavernosum glandis penis.

## FIG. VII.

A transverse section of the penis.

- A. Trunk of the vena penis.
- B. Urethra, and its corpus cavernosum.
- C. Corpora cavernosa penis.
- D. Trunk of the arteries.
- E. Tegument of the corpus.
- F. Capsula, or common tegument.

Fig. 1.

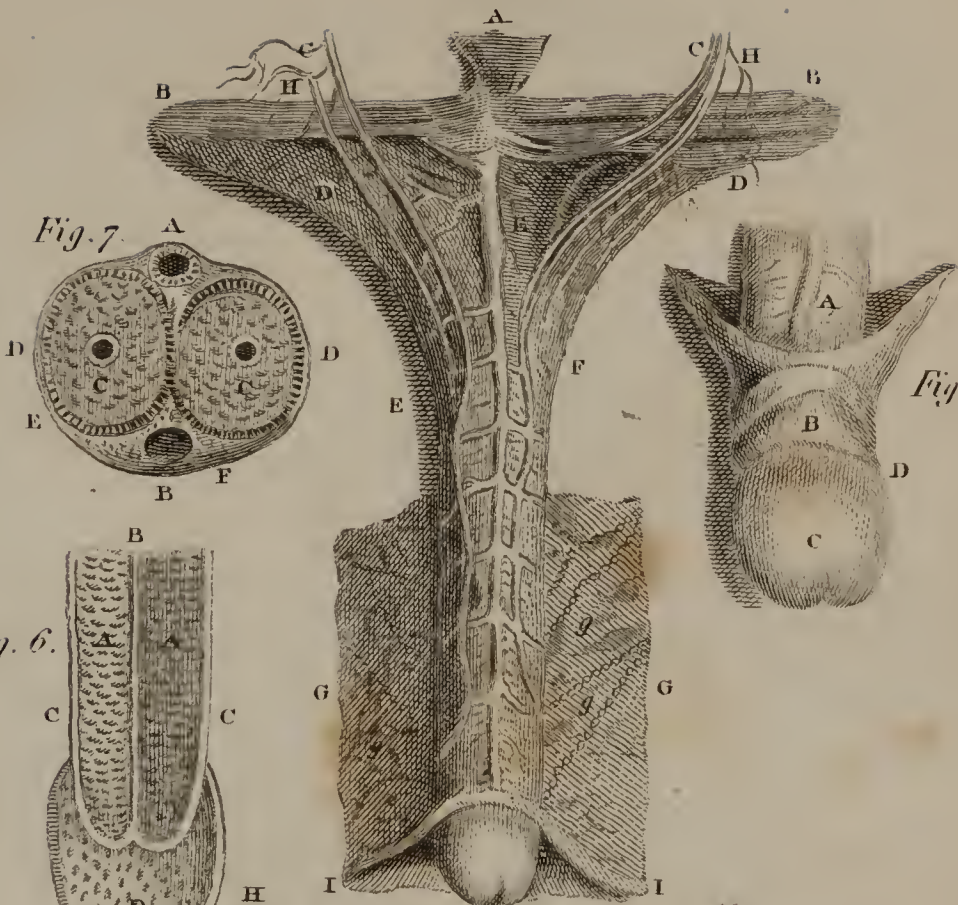


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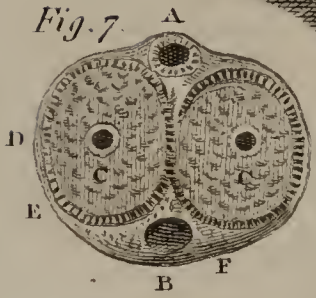


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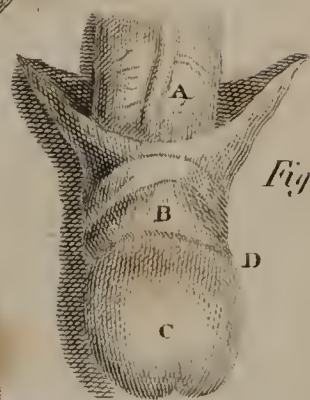


Fig. 6.



Fig. 3.



Fig. 4.

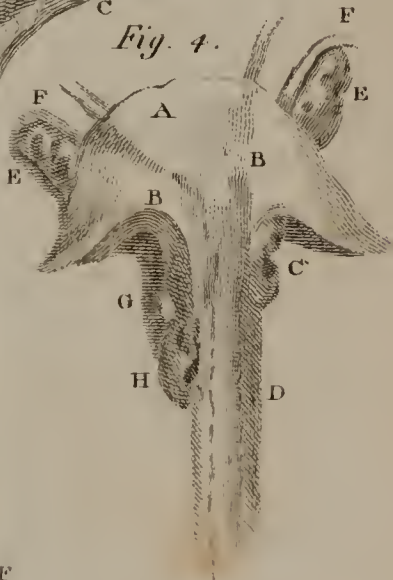


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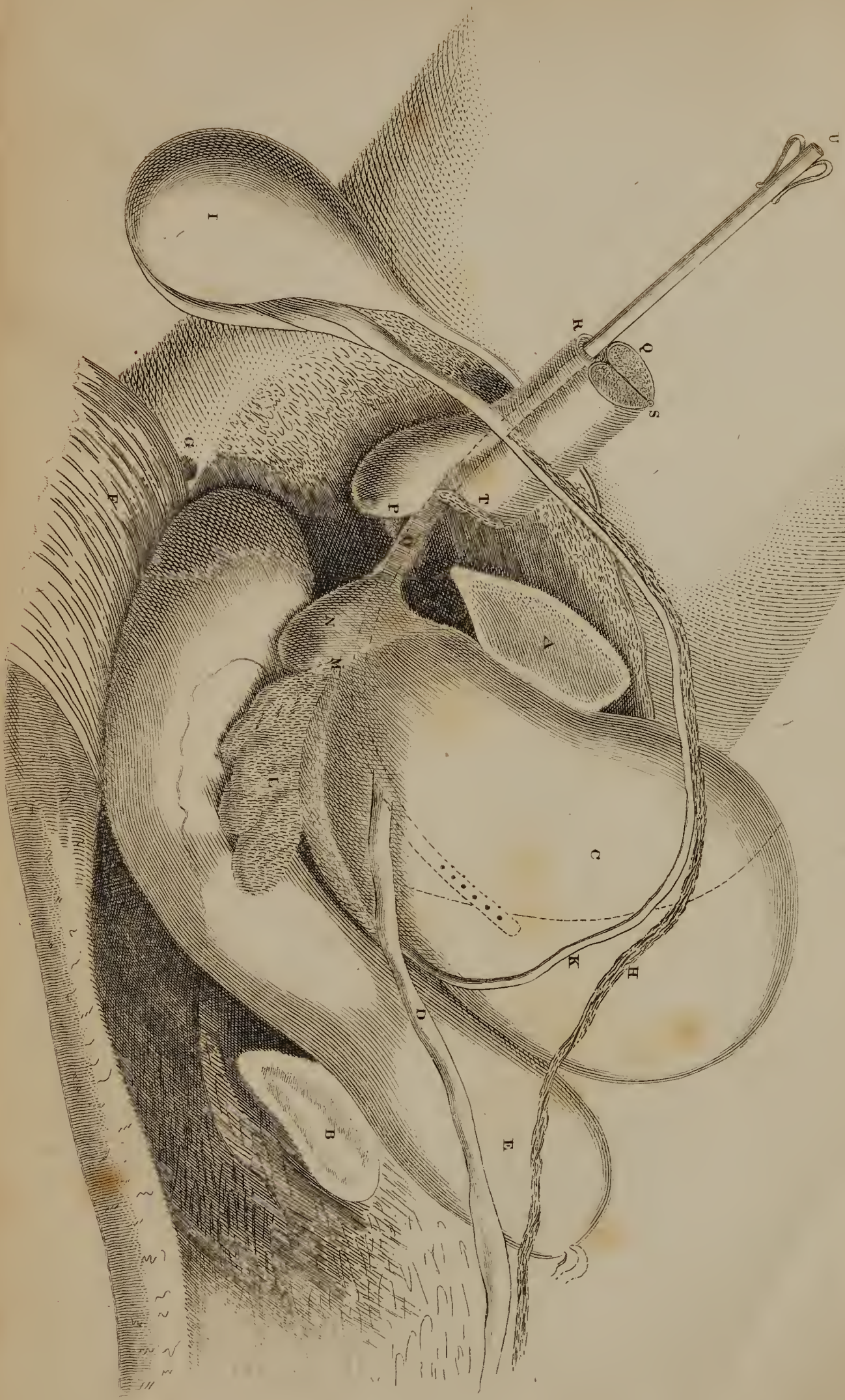












Publ. Feb. 26<sup>th</sup> 1831. by J. H. Stoddard at Coll. Med.

## PLATE V.

- |   |   |
|---|---|
| <p>A. Os pubis.<br/>B. Os sacrum.<br/>C. Bladder.<br/>D. Ureter.<br/>E. Rectum.<br/>F. Levator ani.<br/>G. Anus.<br/>H. Spermatic vessels.<br/>I. Testis.<br/>K. Vas deferens.<br/>L. Vesiculæ seminales.<br/>M. Their termination.</p> | <p>N. Prostate gland.<br/>O. Membranous part of the urethra.<br/>P. One of Cowper's glands.<br/>Q. Corpus cavernosum cut across.<br/>R. Urethra, with its corpus spongiosum cut.<br/>S. Vena Magna.<br/>T. Crus penis cut across.<br/>U. Catheter in the urethra.</p> |
|---|---|



## PLATE VI.

A. External surface of the flaccid bladder.

B. Folds into which the bladder falls in this flaccid state.

C. Eminence which the prostate gland makes within the bladder.

D. Cut substance of the prostate gland.

E. E. Caput galinaginis,

and openings of the seminal ducts.

F.F. Enlarged lacunæ, which, in their healthy state, secrete mucus to lubricate the urethra, and pour out the discharge in gonorrhœa.

G. One of these lacunæ uncommonly large, into which the point of a bougie may enter.





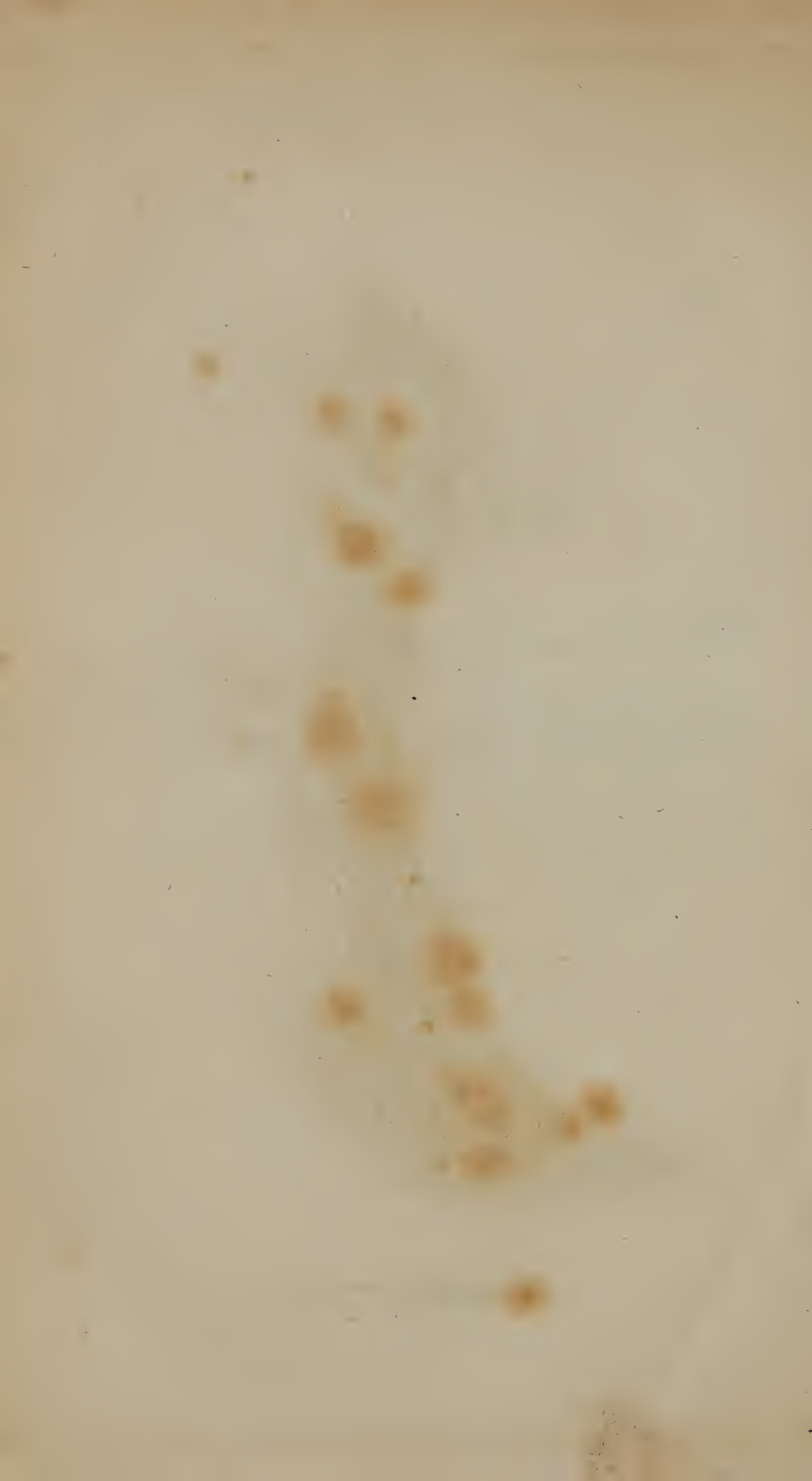






Plate VII.



## PLATE VII.

Represents a stricture at the bulb of the urethra, where the parts had approached each other so nearly, as just to allow a bristle to pass through it.

A. A. Posterior surface of the bladder, which is contracted and thickened in its coats.

B. B. The two ureters near their insertion.

C. C. The vesiculæ seminales, with the vasa deferentia, not very accurately dissected.

D. D. Prostate gland somewhat enlarged in size.

E. Urethra at the membranous part laid open, and sound in its structure. A quill put into it, leading on to the bladder.

F. Urethra near the exterior extremity of the penis, in a healthy state.

G. Stricture at the bulb of the urethra, so narrow as to allow only a bristle to pass through it.

H. H. A part of the crura of the corpora cavernosa.



## PLATE VIII.

Represents two strictures in the urethra. The one near the bulb, the other within two inches of the orifice of the urethra.

A. A. A small portion of the bladder, a little thickened in its coats, with the insertion of the ureters very observable.

B. B. The two sides of the prostate gland in a sound state.

C. C. Crura of the corpora cavernosa penis divided.

D. D. Corpora cavernosa themselves divided.

E. E. Glans penis also divided.

F. The anterior stricture, of short extent, but the inner membrane of the urethra a little irregular and thickened.

G. Stricture near the bulb, is nearly an inch in length—the rest of the urethra in a healthy state.

A. A. The natural width of the urethra.

B. The stricture.

C. C. Part of the corpora cavernosa.

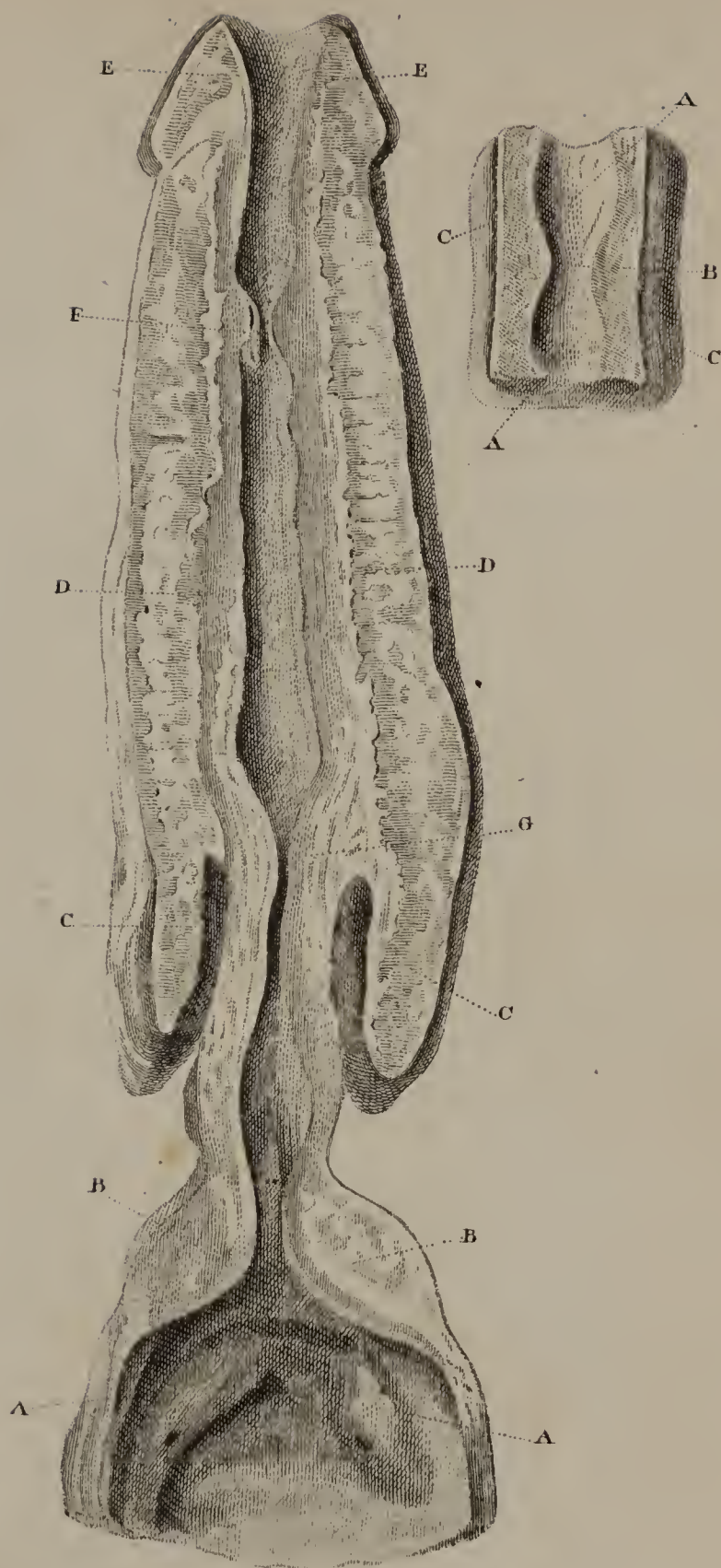


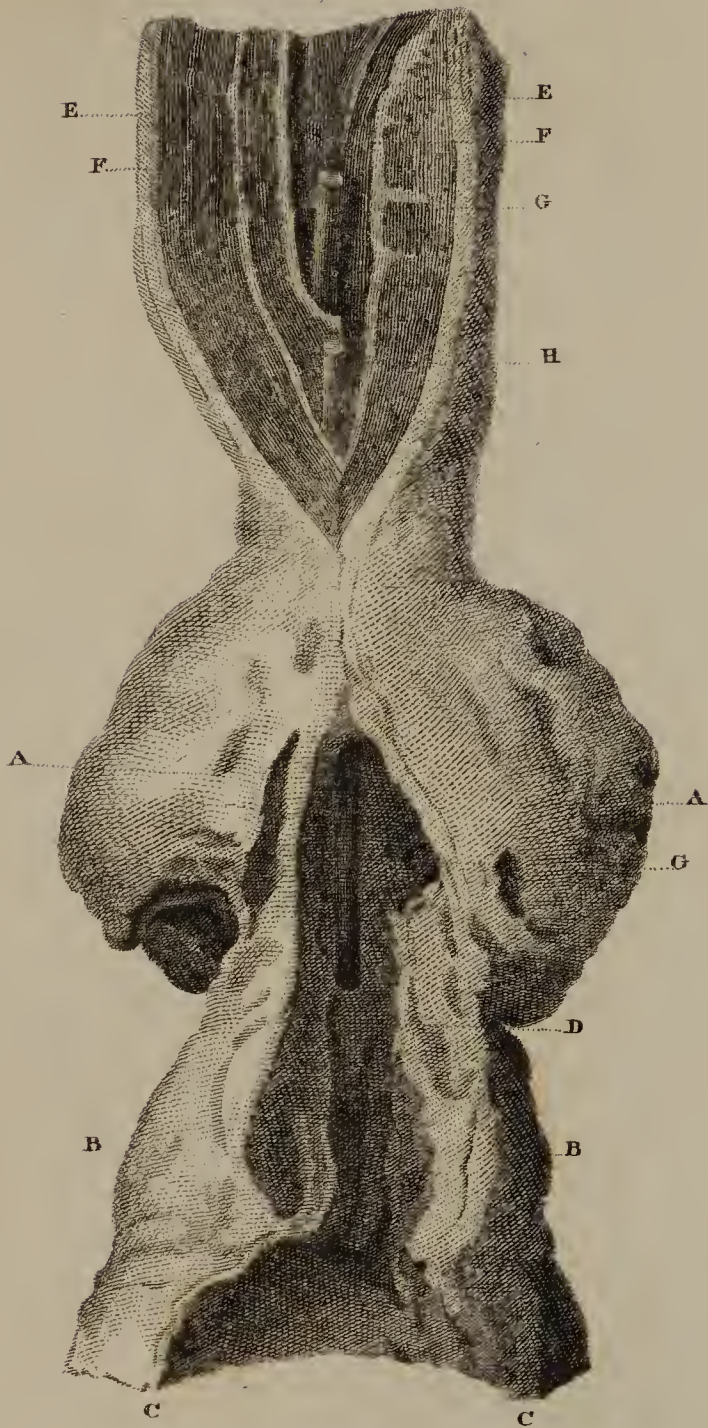








Plate IX



## PLATE IX.

The urethra opened in two different places, one before the stricture, the other behind. The one before is through the body of the penis, the other behind, is upon the anterior surface of the membranous part, and a bougie passes from the one opening to the other.

A. A. Crura penis and bulbous part of the urethra, blended together by inflammation and suppuration, which had taken place in many parts.

B. B. Postate gland in a diseased state.

C. C. Cut edges of the bladder.

D. Urethra, behind the stricture, very much enlarged, irregular on the surface in consequence of ulceration.

E. E. Cut surface of the corpus cavernosum penis.

F. F. Cut surface of the corpus spongiosum urethra.

G. G. Bougie passing from the sound to the unsound part of the urethra.

H. A small bougie in the new passage.



## PLATE X.

Represents an ulcer in the membranous part of the urethra. It is of considerable extent, and had destroyed not only the coats of the urethra, but the integuments at this part.

A. A. A portion of the bladder considerably thickened, with the fasciculi of its muscular fibres strongly marked.

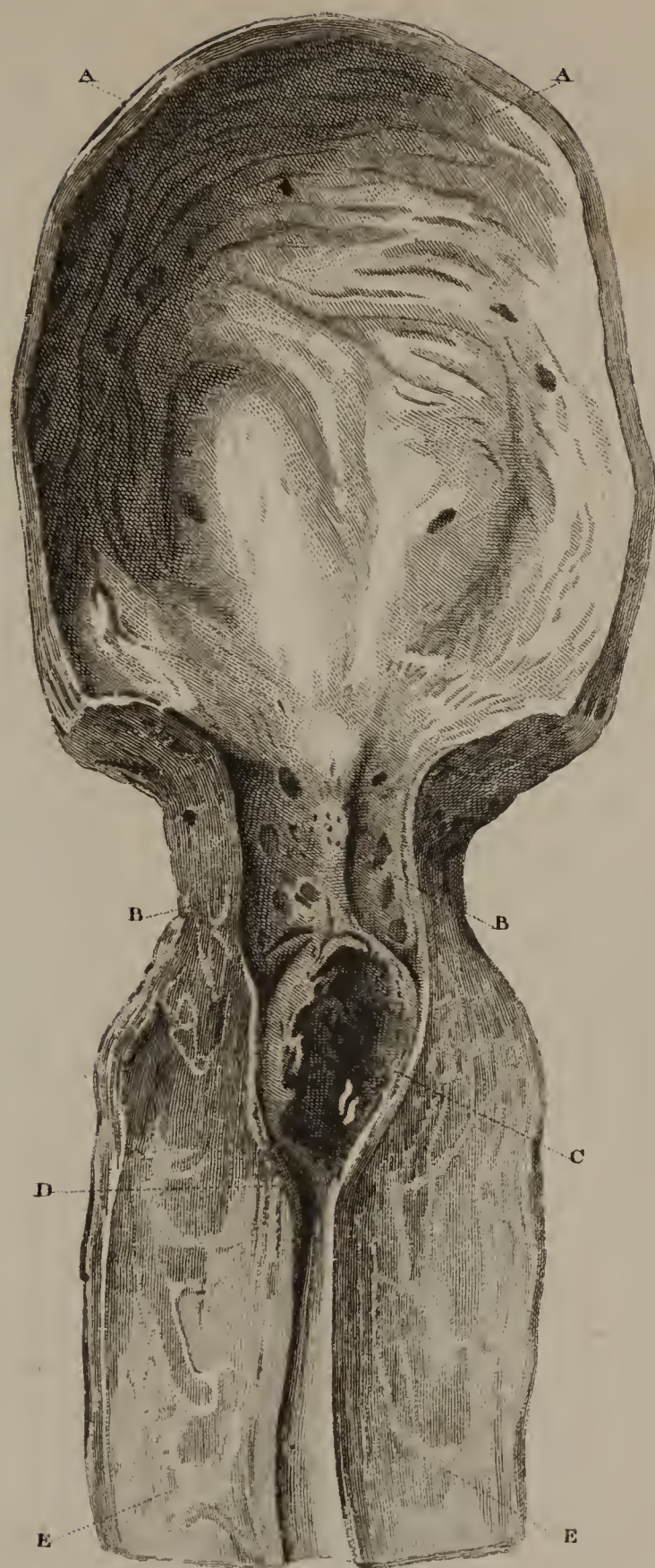
B. B. Cavity of the prostate gland, enlarged from distension in consequence of the accumu-

lation of urine behind the ulcer. The ducts of the prostate gland may be seen very much enlarged from the same cause.

C. Ulcer in the membranous part of the urethra.

D. Narrow part of the urethra, immediately before the ulcer, which had been a part of the stricture destroyed by the process of ulceration.

E. E. Part of the corpora cavernosa.













## PLATE XI.

Represents a fistula in perinæo.

A. Section of the bladder very much thickened in its coats.

B. Section of the prostate gland, which from the thickened state of the bladder, is very obscurely marked.

C. Cavity of the prostate gland, and of the membranous part of the urethra.

D. A fistulous orifice leading to a long fistulous canal.

E. Another orifice, or rather short duct, communicating with the same canal.

F. F. The fistulous canal itself, in which there is a long slender bristle leading from the orifice.

D. One of its fistulous terminations in the scrotum.

G. Another termination in the perinæum.

H. Stricture in the urethra, through which a bristle is passed.

I. Remaining part of the urethra.

K. Part of the corpora cavernosa.

L. Scrotum somewhat corrugated.



## PLATE XII.

## FIG. I.

Side view of the genital parts peculiar to the female.

- A. Bladder.
- B. Vagina.
- C. Uterus.
- D. Part of the fallopian tube.
- E. Part of the rectum.
- F. Mons veneris.
- K. G. N. Pudendum muliebre.
- K. N. Lima magna.
- G. Labiæ.
- H. Nymphæ.
- I. Clitoris.
- K. Præpuce of the clitoris.
- L. Meatus urinarius.
- M. Orifice of the vagina.
- N. Perinæum, the space between the pudendum and anus.
- O. Anus.
- P. Ureters.
- R. Carunculæ myrtiformes.

## FIG. II.

Uterus and vagina, partly opened.

- A. Uterus, that part next the rectum.
- B. Inside of the vagina, with the rugæ, and small openings of the mucous glands, called Lacunæ.
- C. Mouth of the uterus.
- D. Orifice of the meatus urinarius.
- E. Carunculæ myrtiformes.
- E. Præpuce of the clitoris.
- F. Clitoris.
- G. External part of the vagina.

H. Fallopian tubes.

I. External parts of the ovaria.

K. Ovaria freed from the skin.

L. Spermatic vessels.

M. Loose flaps of the tubes, termed the morsus diaboli.

N. Broad ligaments, properly a continuation of the peritonæum.

O. Ureters.

P. Ligamenta rotunda.

Q. Its extremities, fixed at the os pubis, where its ramifications end in the clitoris.

R. Some of the blood vessels, which from the spermatic vessels, give their branches to the fallopian tubes, and the uterus.

## FIG. III.

The clitoris, and its appendages, inflated, as it is in coitu.

A. Body of the clitoris, distended, as it is with blood in coitu.

B. Great vein.

C. Arteries and nerves.

D. Extremity of the corpora cavernosa of the crura, cut from the ossa pubis.

E. Musculi erectores clitoridis, freed from the ossa coxendicis, and left at their terminations.

F. Crura also distended.

G. Corpus cavernosum pudendi, inflated by the veins of the clitoris.

FINIS.

